

# BURGH OF PAISLEY



## REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956





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Public Health Department,  
20 Back Sneddon Street,  
PAISLEY.

July, 1957.

TO THE PROVOST, MAGISTRATES AND COUNCILLORS  
OF THE BURGH OF PAISLEY.

Miss Leishman and Gentlemen,

I have the honour to submit the Report of the Medical Officer of Health of the Burgh of Paisley for the year 1956.

In presenting it I would draw attention to the maintenance of progress in the health of the community as measured by the usual statistics and to the wide range of worth-while work which is covered by you in providing very full services under your powers as a Local Health Authority. This latter point is most important in these days when so many people think that Local Authorities have only a very small part to play in the National Health Service and when the use of that term immediately focuses attention on the curative medical services provided by Hospital Boards and Executive Councils, to the exclusion of the preventive and domiciliary services provided by the Corporation. The Local Health Authority can pride itself in that through the many personal and environmental services it does contribute substantially to the health of the people and being truly local can adapt the services to local needs as these arise.

Progress has been maintained in the fight against Tuberculosis. It is true that we had more deaths from the respiratory type of the disease than last year but this increase can be related to the deaths of long standing cases to whom the benefits of modern treatment could not be fully extended. It can be said however that a complete change for the better has been noticed in the type of disease presenting itself in the great majority of new cases. Whereas, in the dark days immediately post-war, new cases were often in an advanced state when first seen and admission to hospital for treatment was often difficult and long delayed, new cases nowadays are in an early stage and treatment, with all the new techniques available, can be instituted early and with great success.

Again we have had another year free from diphtheria - our third successive calendar year - and much of the credit for this must be given to immunisation. A great hope, that we might be able in time to come to report similarly on poliomyelitis, was given by the introduction of a vaccine against poliomyelitis, early in 1956. Supplies of this vaccine during the year were much short of the numbers desiring it, but in time it is hoped that the vulnerable population will be covered to their great benefit. While complete protection is not claimed for it, it is expected, as produced at present, that 60% to 80% of children vaccinated at the most susceptible period of their lives will be protected from the paralytic form of the disease.

During 1956 there has been much publicity given to accidents in the home. The

dangers of these have been well known to Public Health workers for many years and much of the well known work and research on the subject has been carried out in Public Health Departments. Health Visitors and others interested in the welfare of children and the old people are continually laying emphasis on the prevention of these accidents in their day to day work at clinics and in the homes, and there is no doubt that the publicising of the needless incapacity and loss of life is a true health education problem. At the time of writing this Report, the Health Committee are considering the setting up of a Home Accident Prevention Committee, the function of which will be to focus attention on the problem and disseminate information on prevention.

In conclusion I should like to thank all those who have worked for the better health of the community during the year. This, I would hope, covers the great majority of our citizens although unknown to me. While unable to place on record by name the help of those unknown I can acknowledge, and do so most sincerely, the help of the Health Committee, particularly the Convener and the Depute Convener, and members of the Health Department, the officials of other Corporation Departments and of the Renfrew County Executive Council and the Boards of Management of the Hospitals in this area. The general medical practitioners and the staffs of the hospitals must also be remembered and thanked for their co-operation.

I remain,

Miss Leishman and Gentlemen,

Your obedient Servant,

THOMAS V. BENNIE.

STAFF  
(at 31st December, 1956)

MEDICAL -

Dr. T Y. Bennie,	Medical Officer of Health.
Dr. James Maxton,	Depute Medical Officer of Health.
Dr. Ida E. Ashby,	Assistant Medical Officer.
Dr. Sylvia J. Strachan,	Assistant Medical Officer.
Dr. M. S. L. McCash,	Assistant Medical Officer.
Dr. Evelyn Forbes,	Assistant Medical Officer.
Dr. Margaret Raeside,	Assistant Medical Officer.

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	Miss H. Callan,	Miss A. Murray,
	Miss M. Dobbin,	Miss W. Murray,
	Miss H. Fisher,	Miss A. MacDonald,
	Miss M. Hastings,	Miss A. Paterson,
	Miss M. Hutchison,	Mrs. A. Paterson,
	Miss A. Kemp,	Mrs. M. Reid,
	Miss A. Lockard,	Mrs. B. Stewart,
		Miss M. Watt.
Temporary	Miss A. S. Fleming,	Miss R. Sutter.

School Nurses	Miss H. Gemmell,	Miss M. Shields,
	Mrs. R. Jackson,	
Temporary	Mrs. K. Clark,	

Miss Morag Campbell - Non-Medical Supervisor of Midwives.

Domiciliary

Midwives	Miss A. E. Aitken	Miss M. L. Kerr,
	Miss D. E. Arnott,	Miss E. D. McGregor,
	Miss A. P. Flynn,	Miss I. W. Stevenson,
	Miss M. Goldthorpe,	Miss G. Tulloch,

Miss Margaret Pantony - Superintendent of Home Nursing Service.

District Nurses	Miss Mary Campbell,	Miss B. Whelan,
	Miss M. Ferguson,	Miss J. R. Wilson,
	Miss A. Purves,	Mrs. A. J. Wylie,
	Miss M. B. Smith,	

Part-time	Mrs. Charlotte Brown,	Mrs. Catherine Galt,
		Mrs. Mary Stewart,



STAFF (continued)

NURSING (continued) -

Miss M.C. Black,	Matron,	Hugh Smiley Day Nursery,
Miss N. Brown,	Matron,	Douglas Street Day Nursery.
Miss M.M. Morrison,	Matron,	Castle Street Day Nursery.
Miss J. Cameron,	Matron,	Chapel House Residential Nursery.

Miss B.L. McKenzie, Dietitian.

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Mr. A. Irvine Adams,	Chiropodist.
Mr. Wm. P. Beattie,	Chiropodist.
Mr. Wm. C. Danskin,	Chiropodist.

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Miss W. Hunter,	Depute, Administrative Clerkess.
Miss J. Beckett,	
Miss U. Borthwick,	
Miss A.S. Gibson,	
Miss D. Henderson,	
Mrs. A. Malcolm,	
Mrs. N. McCutcheon,	
Miss A. MacPherson,	
Miss M. Tervit,	
Miss S. Struthers,	
Miss P. West,	
Mrs. M. Docherty,	
Mrs. J. Ewing,	
Miss J. Waddell,	Supervisor, Domestic Help Service.

SANITARY INSPECTORS -

John Innes, Esq.,	Chief Sanitary Inspector.
Robert Gardner, Esq.,	Depute Chief Sanitary Inspector.
Mr. John Roxburgh,	Sanitary Inspector.
Mr. Duncan Cunningham,	do.
Mr. J. Campbell,	do.
Mr. W. Davidson,	do.
Mr. W. King,	do.
Mr. J. Mundell,	do.
Mr. R. Munro,	do.



STAFF (continued)

SANITARY INSPECTORS (continued) -

Mr. C. Soutar,	Sanitary Inspector,
Mr. H. Waddell,	do.
Miss K. Lorkin,	do.
Mr. H. Kennedy,	Apprentice Sanitary Inspector.
Mr. R. Hutchison,	do. do.
Mr. L. Hughes,	do. do.



## Page

### VITAL STATISTICS -

i.	Population	...	...	...	...	...	...	...	...	1
ii.	Births - (a)	Live-Births (including illegitimate)	.	...	...	...	...	...	...	1
	(b)	Still-Births	...	...	...	...	...	...	...	1
iii.	Marriages	...	...	...	...	...	...	...	...	2
iv.	Deaths - (a)	General ..	...	...	...	...	...	...	...	2
	(b)	Maternal ..	...	...	...	...	...	...	...	3
	(c)	Infant and Neonatal	...	...	...	...	...	...	...	3

## CONTROL OF INFECTIOUS DISEASES -

[illegible]

## CARE OF MOTHERS AND YOUNG CHILDREN -

i.	Ante-natal Clinics	...	...	...	...	...	...	...	11
ii.	Post-natal Clinics	...	...	...	...	...	...	...	11
iii.	Child Welfare Clinics	...	...	...	...	...	...	...	14
iv.	Day Nurseries	..	...	...	...	...	...	...	14
v.	Residential Nursery	...	...	...	...	...	...	...	15
vi.	Ancillary Services - (a)	Dental	...	...	...	...	...	...	16
	(b)	Artificial Sunlight	...	...	...	...	...	...	16
	(c)	Maternity Outfits	..	...	...	...	...	...	16
	(d)	Layettees	...	...	...	...	...	...	16
vii.	Welfare Foods	..	...	...	...	...	...	...	16

*DOMICILIARY MIDWIFERY* . . . . . 17

HEALTH VISITING . . . . . 19

HOME NURSING . . . . . 20

DOMESTIC HELP . . . . . 22

VACCINATION AND IMMUNISATION . . . . . 23

PREVENTION OF ILLNESS, CARE AND AFTER-CARE -

i. General . . . . .	26
----------------------	----

ii. Tuberculosis - (a) Incidence . . . . .	26
--	----

(b) Deaths	...	...	...	...	...	...	...	27
Fatalities	...	...	...	...	...	...	...	28

(c) Rehousing . . . . .	28
(d) B.C.G. Vaccination . . . . .	22

(d) B.C.G. vaccination	...	...	...	...	...	33
ice	...	...	...	...	...	33

[illegible]

*MENTAL HEALTH* . . . . . 36

WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948 . . . . . 37

WORK UNDER THE NURSING HOMES REGISTRATION (SCOTLAND) ACT 1938 . . . . . 37

[illegible]

WORK UNDER THE NATIONAL ASSISTANCE ACT 1948	...	...	...	...	...	...	38
---	-----	-----	-----	-----	-----	-----	----

[illegible]

## STATISTICAL APPENDIX

Table 1 - VITAL STATISTICS ... .. 42Table 2 - ANALYSIS OF DEATHS ... .. 43Table 3 - DEATHS IN VARIOUS AGE GROUPS . . . . . 44Table 4 - INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES . . . . . 44Table 5 - TUBERCULOSIS NOTIFICATIONS BY AGE AND SEX ..... 45

Table 5 -	TUBERCULOSIS, NOTIFICATIONS BY AGE AND SEX	...	...	...	...	43
Table 6 -	TUBERCULOSIS, AGE AND SEX DISTRIBUTION OF KNOWN CASES					45

Table 6	-	TUBERCULOSIS, AGE AND SEX DISTRIBUTION OF KNOWN CASES ...	45
Table 7	-	TUBERCULOSIS DEATHS	46

Table 7 -	TUBERCULOSIS DEATHS .. .. .	40
Table 8 -	TUBERCULOSIS CASES RECEIVING TREATMENT IN SANATORIA .. .. .	46

Table 8 -	TUBERCULOSIS, CASES RECEIVING TREATMENT IN SAVANORIA	...	...	...	46
Table 9 -	VENEREAL DISEASES				47

Table	9	-	VENEREAL DISEASES	...	...	...	...	...	...	...	...
-------	---	---	-------------------	-----	-----	-----	-----	-----	-----	-----	-----

# C O N T E N T S (continued)

	<i>Page</i>
Table 10 - MATERNAL AND CHILD WELFARE SERVICE, ANTE-NATAL CONSULTATIONS ...	48
Table 11 - MATERNAL AND CHILD WELFARE SERVICE, POST-NATAL CONSULTATIONS ...	48
Table 12 - MATERNAL AND CHILD WELFARE SERVICE, CHILD WELFARE CONSULTATIONS ...	49
Table 13 - MATERNAL AND CHILD WELFARE SERVICE, SPECIAL CLINICS ...	50
Table 14 - DAY NURSERIES ...	51
Table 15 - CHAPEL HOUSE RESIDENTIAL NURSERY ...	51
Table 16 - BIRTHS ...	51
Table 17 - DOMICILIARY MIDWIFERY SERVICE ...	52
Table 18 - HEALTH VISITING SERVICE ...	54
Table 19 - HOME NURSING SERVICE . ...	54
Table 20 - DOMESTIC HELP SERVICE ...	55
Table 21 - VACCINATION AGAINST SMALLPOX ...	57
Table 22 - DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS ...	57
Table 23 - DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS ...	58
Table 24 - B.C.G. VACCINATIONS .. ...	58
Table 25 - SCHOOL HEALTH SERVICE ...	59

## VITAL STATISTICS

### POPULATION

The population of the Burgh as estimated by the Registrar-General at 30th June 1956 was 95,524 being an *increase* of 524 from the mid-year estimate of 95,000 for 1955.

This estimated figure gives a population density of 14.9 per acre of the Burgh.

### BIRTHS

#### Live-Births -

The total number of live-births during 1956, corrected for 'transfers' was 1,863 (945 males and 918 females) of which 70 or 3.7% were illegitimate births. This figure gives a birth rate of 19.5 per 1,000 of the population, compared with a rate of 18.7 in 1955.

The following table shows the birth rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post-war years to 1956.

<u>Year</u>	<u>Paisley</u>	<u>Live-Births</u>	
		<u>Rate per 1,000 of population</u>	
		<u>Large Burghs</u>	<u>Scotland</u>
1946	20.0	24.7	20.3
1947	22.5	22.6	22.0
1948	18.9	19.6	19.4
1949	18.5	18.5	18.5
1950	17.4	17.8	17.9
1951	17.1	17.8	17.7
1952	17.0	18.4	17.7
1953	17.5	18.6	17.8
1954	17.7	18.9	18.0
1955	18.7	19.2	18.0
1956	19.5	19.8	18.5

The natural increase for the years, *i.e.* the excess of births over deaths was 703 compared with 685 in 1955. In 1938 the natural increase was 611.

#### Still-Births -

The number of still-births, after correction for 'transfer' was 54 giving a rate of 28 per 1,000 total births compared with a rate of 30 in 1955.

The following table shows the still-birth rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post-war years to 1956.

### Still-Births

Rate per 1,000 of all births

<u>Year</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1946	32	35	32
1947	37	30	31
1948	32	30	29
1949	28	28	27
1950	33	28	27
1951	31	27	27
1952	28	28	26
1953	22	27	25
1954	26	26	25
1955	30	25	25
1956	28	24	24

### MARRIAGES

During 1956 there were 838 marriages within the Burgh. This is equivalent to a rate of 8.7 per 1,000 of population.

For comparative purposes the following table is submitted:-

<u>Year</u>	<u>Number</u>	<u>Rate per 1,000 of population</u>
1946	876	9.6
1947	942	9.8
1948	927	9.6
1949	841	8.7
1950	817	8.4
1951	887	9.5
1952	807	8.5
1953	821	8.6
1954	871	9.2
1955	847	8.9
1956	838	8.7

### DEATHS

#### General

There were 1,160 deaths (570 males and 590 females) from all causes during 1956 compared with 1,090 deaths (542 males and 548 females) in 1955.

The death rate for 1956 was 12.1 per 1,000 of population. The death rate in 1956 for the Large Burghs was 11.5 and for all Scotland 12.0.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and all Scotland, for each of the years 1946 to 1956 are given in the following table.

<u>Deaths</u>				
<u>Rate per 1,000 of population</u>				
<u>Year</u>	<u>Number</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1946	1,175	12.9	13.4	13.1
1947	1,235	12.8	13.2	12.9
1948	1,161	12.1	12.0	11.8
1949	1,158	12.0	12.5	12.3
1950	1,175	12.1	12.5	12.4
1951	1,195	12.7	13.0	12.9
1952	1,127	11.9	11.5	12.0
1953	1,022	10.8	11.0	11.5
1954	1,069	11.3	11.8	12.0
1955	1,090	11.5	12.4	12.0
1956	1,160	12.1	11.5	12.0

An analysis of the deaths during 1956 showing causes and age distribution is contained in Tables 2 and 3 of the Statistical Appendix to this Report.

#### Maternal

In Paisley in 1956 there were two deaths from causes related to Pregnancy and childbirth, compared with one death in 1955. This figure for 1956 gives a maternal mortality rate of 1.04 per 1,000 total births.

#### Infant

During 1956 there were fifty nine deaths among children under 1 year of age as compared with sixty seven deaths in 1955. The infant mortality rate for the year was 32 per 1,000 live births and compares with the rate of 29 for Scotland, as a whole, and 30 for the Large Burghs during the same period. This is the second lowest rate ever recorded for the Burgh.



## CONTROL OF INFECTIOUS DISEASES

### GENERAL

During 1956, 1,314 cases of infectious disease came to the notice of the Public Health Department. This was a *decrease* of 174 on the 1955 figure of 1 488.

Such cases become known through statutory notification by general medical practitioners and hospital medical officers and by information supplied by schools and health visitors.

The statutory notifiable diseases are:-

Cerebro-spinal Fever.	Pneumonia, Acute Primary.
Cholera	Poliomyelitis.
Continued Fever.	Puerperal Fever.
Diphtheria and Membranous Croup.	Puerperal Pyrexia.
Dysentery.	Scarlet Fever.
Encephalitis Lethargica	Smallpox.
Erysipelas.	Tuberculosis.
Jaundice, Acute Infective.	Typhus.
Leprosy.	Typhoid Fever.
Malaria.	Paratyphoid Fever.
Ophthalmia Neonatorum	Whooping Cough.
Plague	Food Poisoning.
Pneumonia. Acute Influenzal.	(Notifiable from 1st August 1956).

It must be emphasised that, despite the changes which have taken place in the vast field of infectious diseases, there still remains the great need for early ascertainment and the initiation of preventive action in those cases which do occur and that the statutory obligation to notify 'forthwith on becoming aware' is as necessary to-day as ever it has been.

There are of course outwith these diseases others which are gaining importance and on which information is being gradually built up and as an example of these we have the Virus Diseases. While there is no statutory obligation for the notification of many of these it would be to the advantage of all if information on their occurrence was passed on to the Public Health Department so that a picture of the trends in infectious diseases within the Burgh could be produced. Such a request does not need to be confined to the Virus Diseases we know, but to all diseases which appear to have an infectious aetiology.

The information as we have it for 1956 shows that the total number of compulsorily notifiable diseases was 831 and of what may be termed non-notifiable diseases, 483 and their incidence by age groups is given in detail in Table 4 of the Statistical Appendix.

During January 1956 there was a very interesting outbreak of illness in

our Residential Nursery and the following account of it is based on notes made by Dr. Sylvia J. Strachan, the Assistant Medical Officer in charge of our Nurseries. It will be noted that the first two cases became ill in December 1955 but it was only in retrospect, and with the occurrence of the 'explosive' illness in January, that their place as forerunners of the main outbreak was suspected although circumstances did not allow of follow-up examination.

On 13th December 1955 a male child, J.D. aged  $2\frac{1}{2}$  years and a Mongol, developed a generalised rash which was similar to that of Rubella (German Measles) but he did not have enlarged glands nor an elevation of temperature. He developed nasal and bronchial catarrh and his lips became very dry. The rash began to fade on the 17th December and on that day at 2 p.m. he had an elevation of temperature to  $102.6^{\circ}\text{F}$ . The temperature fell sharply to  $96.6^{\circ}\text{F}$  at 10 p.m. and he continued to run such a swinging temperature until the 26th December. (At 2 p.m. the temperature ranged from  $100^{\circ}\text{F}$  -  $100.5^{\circ}\text{F}$  and at 10 p.m. the range was  $96^{\circ}\text{F}$  -  $97^{\circ}\text{F}$ ). The child had constant cough and post nasal discharge. An x-ray examination of lungs showed no abnormality. The Consultant Physician from Hawkhead Infectious Diseases Hospital visited the child several times during this period. By the 24th December the bronchial catarrh was diminishing, but the temperature was still swinging. On the 26th December the child was admitted to hospital as a pyrexia of unknown origin. However, the following report was received from hospital: 'Your patient was well on admission and showed no further rise in temperature. I could find nothing wrong in his chest or abdomen and stools were normal and appetite good. I do not know what we can call the ultimate diagnosis, but perhaps Bronchitis will serve'. The child did not return to the Nursery.

The second child to become ill was a female infant, M.D., aged 10 months, who had been in the same dormitory as the first case. On 27th December, (the day after admission of the first child to hospital, this child refused her feeds. On 28th December both eyes were discharging and nasal and bronchial catarrh were present. On 5th January, 1956, the baby had a greenish undigested stool, was very fretful all day and refused food. On 6th January rectal swabs were taken and sent to the Laboratory for examination. Bronchial Catarrh was increasing during this time but there had been no elevation of temperature. On 8th January the first elevation of temperature was recorded at 2 p.m. and was  $104.8^{\circ}\text{F}$ , at 10 p.m. it was down to  $96.6^{\circ}\text{F}$ . This swing continued in the days which followed. On 10th January the stools were very foul smelling and when on 12th January it was reported the rectal swabs were positive for sonne dysentery, the child was admitted to the Infectious Diseases Hospital.

Suddenly on the afternoon of Saturday, 14th January 1956 (two days after admission of second child to Hospital) six children (S.B.; C.W.; L.R.; C.McN.; (females) and T.MeS.; W.M.L.; (males)) under  $2\frac{1}{2}$  years, sharing an upstairs dormitory, and the same as for the two previous patients, became flushed and all were found to have elevation of temperature, pulse and respiration. Temperatures ranged from  $102^{\circ}\text{F}$  to  $99^{\circ}\text{F}$ . Each child suddenly developed a severe cough and was reported by the Matron to be 'chesty'. No rash was observed in any case. Each child on examination that evening was found to have bronchial

catarrh in varying degrees of severity. The coughing increased and a marked nasal and post nasal discharge developed in all the cases. All six children looked very ill. A swinging temperature, high at 2 p.m. and down to normal at 10 p.m. developed in all these cases who by 16th January were sharply ill.

On 15th and 16th January the two remaining children in this dormitory (M.H. female aged 4 and mentally defective and D.H. male aged 2) developed similar symptoms and signs with the characteristic swinging temperature.

At the same time as this illness was proceeding among the children upstairs, there was one child in a downstairs dormitory who was also ill. She appeared to have a tonsillitis and she had no clinical signs in her lungs and her T.P.R. chart was not similar to the others.

On the 17th January all the children were x-rayed by a portable apparatus. The Reports on the films taken were that mottling of the lungs had occurred in all but one child (i.e., child downstairs) and that all but two of the children had a primary tuberculosis focus. (This latter information was already known and they were in fact under observation as contacts of a case of tuberculosis.)

On the same date specimens of blood and throat swabs were taken and sent to the Brownlee Laboratory, Ruchill Hospital for examination by Dr. Grist.

All the children were ill for 5 days and all T.P.R. charts had the same appearance. The highest temperature recorded was 104.8°F. Bronchial catarrh was present in all the chests and all the children had a very irritating cough with much nasal and post nasal discharge.

On 25th January, a female microcephalic child of 2 years who had been in contact originally with the six cases but had been immediately isolated when she did not become ill on the 14th January, developed a temperature of 101°F at 2 p.m. and thereafter on the same day a profuse nasal catarrh and bilateral conjunctivitis. There was bronchial catarrh in both lungs. The characteristic swinging temperature developed and persisted for two days. Thereafter the recovery was uneventful.

No drugs were given to any of the cases and their care consisted of good nursing in well ventilated rooms.

Only two of the cases took longer than the rest to recover and it was the opinion that their primary tuberculosis focus had been lit up by the bronchopneumonia.

Our diagnosis was one of an outbreak of Virus pneumonia and the subsequent reports from the Virus Laboratory are of interest.

20th February, 1956 "

You will see from the enclosed report that serological examinations of the children in your Nursery have been negative,

except for the discovery of antibody in D.H. which suggests that this child has experienced Q fever at some time. We still have the sera and will try to put through a test for infection with A.P.C. group viruses. A pool of material from the swabs was inoculated into eggs but no influenza virus was isolated. This material is being tested in tissue culture.

5th March, 1956 -

We have isolated an agent in tissue culture from the swabs from the children in Chapel House Nursery which appears to be probably a virus of the A.P.C. group. We are making further tests to confirm this and to find in how many of the swabs the agent is present. Because of the other serological tests which were made, there is very little left of the serum specimen from the children, though in order to check on the aetiological importance of the agent we shall require sufficient serum to make several more tests. I should be grateful, therefore, if you could possibly let us have further blood specimens from the children.

(These specimens were delivered to the Laboratory on 7th March).

16th April, 1956 -

We have isolated from a pool of throat swab material received from children in Chapel House Nursery, an agent which gives the serological reactions of a virus of the A.P.C. group. Swab material from individual children was tested in tissue culture and a similar agent was isolated from J.B. This agent has not yet been investigated serologically. The other individual swabs were negative in tissue culture. Serum specimens from the children were tested by the complement-fixation test with A.P.C. group antigen, with the following results -

<u>Case</u>	<u>Date of Serum</u>		
	<u>17/1/56</u>	<u>31/1/56</u>	<u>7/3/56</u>
W. McL	-	-	< 8
M. H.	< 5	< 10	< 8
C. W.      ?20 (anticomplementary)		-	10
T. McS	< 5	< 5	< 8
J.B.	40	> 40	< 10
I. McS	-	-	< 8
D. H.      ?20 (anticomplementary)		< 10	< 10

Similar results were obtained in tests using as antigen the agent isolated from the pooled throat swab material. These findings indicate that J.B. was infected with a virus of the A.P.C. group and that C.W. had some antigenic



experience of such a virus. It does not appear that this virus was responsible for the outbreak as a whole and its isolation may have been fortuitous.

In conclusion, it appears that we have failed to establish the cause of the outbreak of respiratory illness in Chapel House Nursery, but it is of interest that we have apparently obtained the first evidence of infection with a virus of the A.P.C. group in Scotland.

#### SPECIFIC DISEASES -

##### CEREBRO-SPINAL FEVER -

Two cases of this disease were notified in 1956 compared with one case in 1955. There were no deaths.

##### DIPHTHERIA -

For the third calendar year in succession no cases of this disease were confirmed within the Burgh. The trend of this disease is fully analysed in another section of this Report which deals with 'Vaccination and Immunisation'.

##### DYSENTERY -

In 1956 there were eighty three notifications of this disease, as compared with 110 notifications during 1955.

This slight decrease in incidence does not in any way indicate that the disease is being overcome. There is still no doubt that dysentery is now endemic in this country and unless everyone is prepared to practice the simple and elementary rules of personal hygiene, epidemics will occur. It is therefore necessary to reiterate one method of control which at present is feasible and which devolves on every member of the community. It is scrupulous cleanliness of hands at all reasonable times and particularly before handling food and preparing or partaking of meals. If this basic fact in the prevention of bowel infection was grasped by all and practised, there would be a striking fall in the incidence of such diseases.

There were no deaths from Dysentery during the year.

##### ERYSIPELAS -

There were six notifications of this disease during the year compared with fifteen in 1955. There were no deaths.

##### OPHTHALMIA NEONATORUM -

This condition is defined as 'a purulent discharge from the eyes commencing within twenty-one days from the day of birth'. This condition was responsible in the past for a large proportion of the cases of blindness which occurred but the incidence has decreased due to the

greater care exercised by doctors and midwives at the time when an infant is born and to the more effective ante-natal care and treatment of venereal disease in the mother before confinement and of infection of the eye of the baby.

Nineteen cases of ophthalmia were notified in 1956 compared with twelve cases in 1955. There were no notifications of blindness due to this condition.

#### PNEUMONIA - ACUTE PRIMARY -

During the year 258 cases of this disease were notified as against 227 cases notified in 1955. There were twenty nine deaths during the year as against twenty six deaths in 1955.

#### PUERPERAL FEVER AND PYREXIA -

During 1956 there were no cases of puerperal fever but one case of pyrexia was notified as against three cases of pyrexia in the previous year. There were no deaths.

#### POLIOMYELITIS -

During the year there were no cases of poliomyelitis. The subject of vaccination against poliomyelitis is reported in the section 'Vaccination and Immunisation'.

#### SCARLET FEVER -

The notifications of this disease during the year were 149 compared with 219 notifications in 1955. There were no deaths.

#### TUBERCULOSIS -

Of the respiratory type of this disease ninety seven cases were notified and confirmed during 1956 compared with 114 cases in 1955. There were twenty nine deaths during the year which figure compares with nineteen deaths the previous year.

There were ten notifications, as compared with twenty in 1955, of the non respiratory type of the disease, and one death.

The incidence of this disease is fully analysed in Tables 5, 6, 7 and 8 of the Statistical Appendix to this Report and the subject of Tuberculosis is commented upon more fully in the subsequent return which deals with 'Prevention of Illness, Care and After-care'.

#### TYPHOID AND PARATYPHOID FEVER -

Four cases of Typhoid and three of Paratyphoid B were notified during the year. Intense investigation of these cases did not reveal the source or connection between the cases, which were sporadic. There were no deaths.

WHOOPING COUGH

During 1956, 166 cases were notified as against 112 cases notified in 1955. There were no deaths.

FOOD POISONING

This disease became notifiable on 1st August 1956 but no notification of individual cases or outbreaks was made.

VENEREAL DISEASES

The investigation and treatment of these diseases is carried out at the Special Treatment Centre, Royal Alexandra Infirmary Annexe. Their incidence during 1956 can be gauged from an analysis of the new cases coming to the centre during the year and this is done in Table 9 of the Statistical Appendix.

The trend of the various venereal diseases is shown in the following figures:-

	Syphilis		Gonorrhoea		Non-Specific Venereal Infections	
	Male	Female	Male	Female	Male	Female
1938	27	12	101	29	30	1
Average 1939 1945	55	26	100	29	41	6
1946	37	25	78	24	41	-
1947	34	28	73	15	14	-
1948	29	26	71	14	33	7
1949	18	23	35	3	21	5
1950	15	16	40	5	9	-
1951	8	8	37	3	23	-
1952	9	7	27	4	11	3
1953	11	6	35	1	26	10
1954	4	2	35	4	25	7
1955	3	1	36	2	39	3
1956	4	1	26	6	23	3



## CARE OF MOTHERS AND YOUNG CHILDREN

### ANTE-NATAL AND POST-NATAL CLINICS

During 1956 the Local Health Authority continued to provide Clinic facilities at several centres throughout the Burgh, as follows:-

	<u>Ante-Natal</u>	<u>Post-Natal</u>
	<u>Sessions</u>	<u>Sessions</u>
Russell Institute, Causeyside Street	6	1
St. Ninian's Church, Ferguslie	1	-
Mossvale Church, Greenock Road	1	-
Blackland House, Glenburn	1	-
Barscube Clinic, Hunterhill	1	-
<i>Total</i>	<u>10</u>	<u>1</u>

In all, these ante natal clinics were attended by 1,308 expectant mothers and the total number of attendances made by these was 6,983. The number of post-natal mothers who attended for check-up following confinement was 356.

Over the years since 1948 it has become apparent that these ante-natal clinics are used, in the main by patients who will be confined in Hospital. Where confinement is to be in the patient's home, ante-natal care is carried out by the family doctor in conjunction with the midwives in the Authority's domiciliary midwifery service. Where confinement is to be in a private nursing home this work is done by the family doctor or private specialist.

It is perhaps natural that, with changes in administration, in personnel and outlook, the previous well-knit Service should tend to lose its cohesion over the years following upon the introduction of the National Health Service and each component of the Service should come to view the work from the compartment administratively arranged for it. In a desire to preserve a good comprehensive service, discussion between the general medical practitioners, hospital staff, and medical officer of health were initiated by the latter in 1956. The discussions were based on the following notes:-

### MATERNAL AND CHILD WELFARE SERVICE

#### ANTE-NATAL AND POST-NATAL CLINICS

Prior to 1948 the Local Health Authority Clinics dealt with a variety of cases and did in fact act as general advisers to those attending. There was collaboration with the family doctor where there was one and the Clinics served as the out-patient department for the Local Authority's Maternity Hospital.

The National Health Service (Scotland) Act 1947 radically changed the position in that on and after 5th July 1948 every person was entitled to a doctor of his or her own choice.

The Local Health Authority's clinics should therefore now be considered as places where the staff (doctors, nurses, etc.) can supplement the care given by the family's medical adviser, i.e. the general medical practitioners.

The Services which the Local Authority can provide to supplement this general care may be stated generally as follows:-

1. Regular and frequent examination in the ante-natal period.
2. Mothercraft training both ante-natal and post-natal.
3. Advice on diet and dental care.
4. Post-natal examinations.

There would appear to be in the ante-natal and post-natal periods through the Local Health Authority a Service available which cannot at present be fully discharged by medical officers of the Hospital Board and busy general medical practitioners but which are nevertheless very necessary in the modern concept of good ante-natal and post-natal care.

There is no doubt that the position must be always under review and second thoughts on any set-up should not be disdained. The following suggestions are put forward as a basis for discussion and could form the basis of a complete and integrated Service.

1. As early as possible in pregnancy the general medical practitioner should be consulted. Cases coming of their own volition to Clinics should be instructed to consult with their doctor before any action is taken.
2. The general practitioner will assess the case, i.e., home or hospital confinement.
3. If it is to be the former he will advise the services of a domiciliary midwife and issue to the patient the required form for such service. (This form will be sent or taken to the Public Health Department as at present).
4. If the general practitioner considers the case to be one for hospital confinement he will refer her to one of the Local Authority Clinics. (It must be remembered that the Local Health Authority Clinics act as agents for the Hospital Board because of the need to fix priorities for admission and also the varying numbers which can be accommodated in the hospital from time to time).
5. When the patient is referred to the Local Health Authority Clinic, the medical officer will examine the case and the results of the examination and the booking of case for hospital will be confirmed in writing. If the booking is not confirmed the reason will be given to the doctor and if necessary discussed with him personally.
6. The Clinic medical officer will instruct the patient to attend regularly and any changes taking place in the condition of the patient will be notified in

writing to the doctor. The Clinic medical officer will also arrange ancillary services such as mothercraft, dental care, etc.

7. In order to overcome the difficulty which can arise in emergency and the family doctor has to be called, the general practitioner will carry out his ante-natal visits under his terms of Maternity Medical Service with the Executive Council. This, along with his notes from the Clinic medical officer should give him a complete knowledge of the case.
8. As early as possible after the first visit of the patient to the Clinic and again at the 34th or 36th week all cases for hospital confinement will be referred, with full clinical notes by the Clinic medical officer, to a Clinic to be established by the Hospital Board and staffed by senior staff.
9. The hospital staff at such Clinics will report to the Clinic Medical officer and the doctor concerned on any points arising.
10. The Clinic medical officer will take on the responsibility of instructing the patient on the steps to be taken when labour commences. (If, during the ante-natal period, a condition arises necessitating admission to the ante-natal wards the Clinic medical officer will, in accordance with paragraph 6 above, notify the general practitioner).
11. On discharge from hospital a report will be sent to the general practitioner and the Clinic medical officer.
12. The patient will be instructed at the hospital to visit the general practitioner for post-natal examination.
13. The Hospital or the Local Health Authority on their behalf will hold a post-natal clinic to which special cases may be referred either by the hospital or the general practitioner. (This Clinic should be staffed by Hospital senior staff or Local Health Authority medical officers of experience and it would be suggested that it be within the central Clinic so that contact is made with the Services of the Local Health Authority which can help in the post-natal period).

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During 1956 no further action was taken but discussions held early in 1957 left the suggestions made in the memorandum unaltered and at the time of preparing this Report detailed arrangements are being made.

Mothercraft teaching has continued during 1956 and the opening of a special centre at the Russell Institute during the year gave a fillip to the work, and allowed of new methods being used.

The necessity of extending the Clinic facilities into the new housing areas of the town has always been a matter of great interest to the Town Council. Every opportunity has been taken in the post-war years to do this by using existing

accommodation such as church halls. During 1956 however it was considered necessary for the efficiency of the Service to contemplate new Clinic premises at Sandyford, Ferguslie Park, Glenburn and Foxbar. These ideas were placed before the Department of Health for Scotland, but by the end of the year no final step had been taken. While in Ferguslie Park and Glenburn limited Clinic premises are available, there is a crying need for facilities at Sandyford and Foxbar. It is to be noted therefore that if the whole project cannot be allowed that at least these two latter ones will be permitted.

Fuller statistics relating to these Clinics are contained in Tables 10 and 11 of the Statistical Appendix to this Report.

#### CHILD WELFARE CLINICS

During the year Child Welfare Clinics were conducted from the following Centres -

	<u>Sessions</u>
Russell Institute . . . . .	6
St. Ninian's Church . . . . .	1
Mossvale Church . . . . .	1
Blackland House . . . . .	2
Barstube Clinic . . . . .	2
<i>Total</i>	<u>12</u>

A total of 2,635 children attended these clinics during the year, and the total number of attendances was 12,756.

The statistics relative to Child Welfare Clinics for 1956 are given in Table 12 of the Statistical Appendix.

#### DAY NURSERIES

During 1956 the Town Council continued to provide 160 places in Day Nurseries for children under 5 years of age, although during the year extensive repair work to one of the Nurseries (Hugh Smiley Day Nursery) necessitated the closing of part.

There were 154 admissions and 150 children ceased to attend. These admissions and dismissals were as follows:-

	<u>Admissions</u>				<u>Dismissals</u>			
	<u>Babies</u>	<u>Teenies</u>	<u>Toddlers</u>	<u>Total</u>	<u>Babies</u>	<u>Teenies</u>	<u>Toddlers</u>	<u>Total</u>
Castle Street,	24	17	18	59	11	14	16	41
Hugh Smiley,	14	13	30	57	11	17	51	79
Douglas Street,	12	17	9	38	1	9	20	30



The incidence of Infectious Diseases was as follows:-

	Scarlet Fever	Measles	Dysentery	Whooping Cough	Rubella	Mumps	Chicken- pox	Pneumonia
Castle Street,	-	5	7	2	1	-	3	-
Hugh Smiley,	1	-	7	-	-	-	-	-
Douglas Street,	1	1	6	2	2	2	8	1
	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
Totals	2	6	20	4	3	2	11	1
	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Further statistics relating to the Day Nurseries are given in Table 14 of the Statistical Appendix.

#### CHAPEL HOUSE RESIDENTIAL NURSERY -

During 1956, fifty five children (fourteen under 1 year; thirty aged 1-3 years and eleven aged 3-5 years) were admitted to the Nursery and fifty seven were dismissed.

The reasons for these fifty five children being admitted were as follows:-

1. Mother going into Hospital -	(a) Confinement	...	...	31
	(b) Surgical Operation	...	...	3
	(c) Sanatorium Treatment	...	...	6
	(d) Mental Illness	...	...	6
	(e) Medical Treatment	...	...	3
2. Mother requiring rest	...	...	...	3
3. Child under par and requiring extra care and attention	...	...	...	1
4. Child deserted	...	...	...	-
5. Child awaiting adoption	...	...	...	1
6. Homeless child	...	...	...	1
7. Transfer from Hospital	...	...	...	-
8. Transferred from Day Nursery	...	...	...	-
9. Rehabilitation of unmarried mother	...	...	...	-
10. B.C.G. Vaccination segregation	...	...	...	-

An analysis of the fifty seven children dismissed from the Nursery during 1956 shows that the average length of stay per child was 5.2 weeks but details of length of stay are as follows:-

Under 1 week	...	...	5	9 - 10 weeks	...	...	1
1 - 2 weeks	...	...	15	10 - 11 weeks	...	...	-
2 - 3 weeks	...	...	6	11 - 12 weeks	...	...	1
3 - 4 weeks	...	...	9	12 - 13 weeks	...	...	-
4 - 5 weeks	...	...	2	13 - 14 weeks	...	...	-
5 - 6 weeks	...	...	-	14 - 15 weeks	...	...	2
6 - 7 weeks	...	...	1	15 - 16 weeks	...	...	-
7 - 8 weeks	...	...	-	Over 16 weeks	...	...	13
8 - 9 weeks	...	...	2				

#### ANCILLARY SERVICES -

The Town Council continued during 1956 to provide certain Specialised Services in conjunction with its ante-natal, post-natal and Child Welfare Clinics.

There was one Dental Clinic a week at which examinations and conservative treatment were carried out by dentists employed by Renfrew County Education Committee in their School Dental Service.

In all 354 persons, 343 adults and eleven children were examined and of these thirty adults and eleven children were treated by the dental officers. Under the Scheme introduced in 1953 to provide a service for expectant and nursing mothers sixty expectant and 253 nursing mothers were provided with dentures free of charge by general practitioner dentists. This was the third full year the Scheme was in operation and the number of cases dealt with has increased month by month.

The Artificial Sunlight Clinic has continued in operation every weekday and apart from dealing with children from the Child Welfare Clinics has also dealt with cases from the Tuberculosis Physicians and the School Medical Officers.

The details of the work undertaken at these Special Clinics is given in Table 13 of the Statistical Appendix.

In addition to these Specialised Clinics the Local Health Authority continued to implement their scheme for the care of mothers and young children by supplying maternity outfits free of charge to all expectant mothers who were confined in their own homes and layettes for necessitous and exceptional cases. During 1956, 795 maternity outfits and three layettes were supplied.

#### WELFARE FOODS

This was the second full calendar year during which the Local Health Authority was responsible for the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil, Vitamins A and D Tablets). The Distribution Centre is at 11 Maxwell Street.

To deal with the distribution a staff of three, two full-time and one part-time, was employed and administration of the Service has been absorbed into the general administrative framework of the Public Health Department.

The Paisley Centre is a very busy one and the turnover of Welfare Foods considerable. On an average the following quantities of food are distributed each week.

National Dried Milk	2,084 tins	(2,090)*
Orange Juice	1,452 bottles	(1,346)*
Cod Liver Oil	226 bottles	(251)*
Vitamin A and D Tablets	71 packets	(72)*

(\*Last year's weekly average).

### DOMICILIARY MIDWIFERY

During 1956 the Town Council continued to provide a domiciliary midwifery service, and the efficient service which the midwives have given to the community must be acknowledged and commended. It has however been a difficult year for the Service and there is no doubt that too heavy a load is being placed on these conscientious, hard working women, but it is unfortunate that no quick and easy solution to the problem is to hand.

For several years now this Service has dealt annually with about 30% of Paisley's births and this has been carried out by ten full-time midwives, giving for each midwife a case load of about sixty. While this load has been in excess of the load of fifty five recommended in 'The Report of the Working Party on Midwives' published on 16th November 1948 it was felt that it could be helped by recruiting extra staff as the occasion arose. In 1956, however, there was a fairly sudden change in circumstances. Owing to staffing difficulties in the maternity hospitals more domiciliary confinements had to be undertaken and because of earlier discharge of cases from hospital to release beds for confinements, more immediate post-natal visits had to be made. At the same time recruiting to the Service became difficult, and the then heavy load placed on each midwife was further increased by resignations from the Service which took time to, or could not be replaced. At the end of the year there were nine full-time midwives employed in the Service including the non-medical supervisor, who in addition to her supervisory work, which is most important in this Service, had to carry out a great deal of the practical clinical work. It is to the credit of those in the Service that they continued to look after their patients so unselfishly and to maintain their good record of work.

Domiciliary midwifery calls for a high sense of duty and is most responsible work. The Service must be maintained, for last year it was necessary to carry out 40% of Paisley's births in the homes of the people. Recruitment must be steady but this will only be so when the load is reduced and domiciliary midwives receive remuneration (which is negotiated nationally at present) at least comparable to their counterparts working in hospital.

As has been said the case load increased during the year to an average of sixty eight per midwife and added to this was the extra work incurred in immediate post-natal visits to cases discharged early from hospital. To counteract this in face of the present difficulties of staffing and travelling, a slight reduction has been made in the number of ante-natal and return visits, but this is not a good solution because in the first place it is so very slight, and it is an insidious procedure which must be watched most carefully and guarded in order to maintain the very good record of work of the Service.

All midwives are trained in the giving of analgesics and within the Service four sets of gas and air apparatus are available. Instruction has been given in the use of Trilene but the method has not been adopted as yet but will be considered when replacement of the present adequate gas and air apparatus is necessary.



Details of the work undertaken by the Domiciliary Midwifery Service during 1956 and an analysis of the births occurring within the Burgh during the year are contained in Tables 16 and 17 of the Statistical Appendix.

## HEALTH VISITING

At the end of 1956, fifteen Health Visitors were employed full-time in this Service and in the main they devoted their time to maternal and child welfare. This number was one short of the authorised establishment of sixteen. Recruitment of nurses possessing the Health Visitors' Certificate to this Service is most difficult and in 1956 it was necessary to recruit two temporary Health Visitors and after a satisfactory probationary period, to send them for training to obtain their Certificates. At the time of writing it is pleasant to be able to report that they have obtained the Certificates. With this difficulty it is almost impossible to widen the field of Health Visiting to cover adequately the visitation of the elderly and other groups, but every endeavour is made to allow Health Visitors to visit tuberculous persons who are resident in their areas and also certain old people and exceptional cases who are considered to be in need of special care and attention.

During 1956 one Health Visitor was full-time on the duties of Tuberculosis Health visiting and the liaison which she has now established with the Chest Department of the Western Regional Hospital Board has proved very much worth while. This aspect of the work is discussed more fully in the later section of this Report dealing with Tuberculosis.

Table 18 of the Statistical Appendix gives details of the visits paid by the Health Visitors during 1956 to various groups of the community. In presenting these figures I must again say that while they indicate to some extent the amount of work undertaken they can never reflect the constant care which is taken with one family, or the valuable advice which is given, perhaps only on one occasion, but at the moment when it is most needed, to another family.

It was on 1st December 1954 that Circular No 77/1954 on the subject of the prevention of break-up of families was sent out to Local Health Authorities, and reference should be made to it in this section as the position of the Health Visitor appears to be basic in the early detection of probable break up of families. It has not been thought necessary to appoint a special Health Visitor for 'problem families' but rather to allow the district Health Visitor to deal with her own area and to report such cases to the Senior Assistant Medical Officer for Maternal and Child Welfare, who, by contact with other social workers and seeking their aid, attempts to prevent 'break-up'. During 1956 the Local Health Authority, after consultations between its Health and Children's Departments decided to amend its proposals under Section 22 of the National Health Service (Scotland) Act 1947 by the following paragraph:-

'Realising the need for the teaching of mothercraft in relation to ante-natal care and subsequently, the Local Health Authority will set up mothercraft teaching centres in connection with their main clinics and where necessary and particularly where such training is deemed necessary to prevent the break-up of families, make use of and contribute to the cost of food, etc. in such Residential Mothercraft Centres as are available and approved by the Secretary of State for Scotland'.

One mother and her children were dealt with under this scheme during the year.

# HOME NURSING

During 1956 the Town Council continued to administer this Service which they took over from the local Nursing Association in 1952. The District Nurses employed have continued to give excellent and beneficial service to the community. There were slight changes in the establishment during the year and at 31st December, seven full-time and three part-time nurses were employed under the supervision of a Superintendent Nursing Officer.

The great majority of the cases dealt with during the year were referred to the Service by general medical practitioners, and the variety of cases coming under care are broadly classified in the following table.

Diseases	No of Patients			No of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	65 Years	65 Years and over	Con- vales- cence	Trans- fer to Hos- pital	Died	Contin- uing at 31st Decr. 1956
Abdominal .	11	26	37	371	353	724	12	25	23	7	4	3
Accidents .	6	14	20	72	353	425	11	9	17	2	1	-
Amputations	-	4	4	-	73	73	-	4	1	1	-	2
Cancer .	16	44	60	356	1,002	1,358	31	29	10	13	36	1
Cardiac .	26	40	66	1,052	1,540	2,592	18	48	15	11	26	14
Cerebral Haemorrhage	30	66	96	380	1,843	2,223	16	80	19	16	50	11
Diabetes .	7	71	78	437	10,580	11,017	20	58	18	16	-	44
Gynaeco- logical .	-	21	21	-	987	987	11	10	12	2	-	7
Nervous	-	5	5	-	82	82	1	4	2	3	-	-
Respiratory	62	53	115	726	537	1,263	71	44	97	10	7	1
Rheumatism .	1	25	26	3	774	777	10	16	6	4	3	13
Other Conditions	109	298	407	1,249	5,864	7,113	204	203	276	30	46	55
Total	268	667	935	4,646	23,988	28,634	405	530	496	115	173	151

In recent years there has been considerable increase in the number of injections given by ten nurses in this Service and details are as follows:-

	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M	F.	Total	65 Years	65 Years and over	Con- vale- scence	Trans- fer to Hos- pital	Died	Contin- uing at 31st Decr. 1956
Penicillin .	59	77	136	488	626	1,114	103	33	130	5	1	-
Mersalyl ..	8	11	19	240	311	551	10	9	5	5	1	8
Streptomycin	10	14	24	400	313	713	22	2	17	4	-	3
Imferon	-	12	12	-	244	244	8	4	7	3	-	2
Anahaemin ..	-	10	10	-	266	266	3	7	7	-	1	2
Cytamen ...	1	18	19	19	307	326	9	10	12	1	1	5
Mercardine .	1	-	1	9	-	9	1	-	1	-	-	-
Morphia	1	1	2	36	5	41	2	-	-	-	2	-
Autogen B	-	3	3	-	125	125	3	-	1	-	-	2
Insulin	7	71	78	437	10,580	11,017	20	58	18	16	-	44
Campolon	1	2	3	20	33	53	2	1	1	-	-	2
Theomycin	-	1	1	-	91	91	-	1	-	-	-	1
<i>Total</i>	88	220	308	1 649	12 901	14 550	183	125	199	34	6	69

Further details of the Service are given in Table 19 of the  
Statistical Appendix

### DOMESTIC HELP

After examining the details of the cases dealt with by this Service during 1956 there is no doubt that it contributes materially to the health and welfare of the citizens and is fulfilling a most useful purpose.

The types of cases dealt with remained as in previous years namely, General Illness, Maternity, Tuberculosis and Aged and infirm, but more and more work continued to be undertaken.

The figures showing this work are contained in Table 20 of the Statistical Appendix to this Report.

Briefly these figures illustrate the following points:-

1. That, on an average ninety five cases were cared for each month throughout the year - twenty two cases receiving full-time help, seventy three receiving part-time help.
2. That the percentage, which the various categories were of the new cases dealt with during this year and necessitating 128 full-time help and 218 part-time help, was as follows:-

	<u>Full-time help</u>	<u>Part-time help</u>	<u>All new cases</u>
Aged	14.8%	68.2%	48.4%
General Illness	13.3%	16.8%	15.4%
Tuberculosis	2.4%	3.3%	3.0%
Maternity	69.5%	11.7%	33.2%

3. That of the 128 new full-time cases in the year, fourteen or 10.9% paid the full cost of the service and of the 215 new part-time cases, fifty one or 26.5% paid the full cost of the service to them. The other cases paid for the service according to the assessment made on their income



## VACCINATION AND IMMUNISATION

### VACCINATION AGAINST SMALLPOX -

During 1956, 781 vaccinations, 517 primary and 264 re-vaccinations were notified as having been carried out within the Burgh. In this number were 617 infant vaccinations giving a percentage of 34% of infants vaccinated.

During 1955 consideration was given to D.H.S. Circular No.50/1955 and the position in Paisley regarding vaccination against smallpox was reviewed. The following points summarised the findings which, in view of the very small increase in infant vaccinations during 1956, are worth reiterating.

1. Prior to 1948, when vaccination was governed by the Vaccination Acts the percentage of infants vaccinated in any one year was 60% to 70%. In these Acts, vaccination was a compulsory procedure except on grounds of conscientious objection to it.
2. In 1948 the Vaccination Acts were repealed and the procedure became voluntary. There was an immediate decline and in 1949 only 19% of children were vaccinated but this figure slowly increased and by 1954 the figure was 32%.
3. At present the publicity given to this procedure is mainly through the Public Health Department and general medical practitioners, and the agents of the Public Health Department are mainly the Health Visitors in their visits to the home and on contacts made at clinics. At each Child Welfare Clinic, lymph is always available for the carrying out of vaccination. In addition a specially prepared leaflet on the subject is given by the Registrar to all persons registering a birth.
4. Records of all children unvaccinated are maintained in the Public Health Department and parents are visited repeatedly by the Health Visitors.

There is no doubt that the present vaccination figures must be improved. Smallpox is not the serious problem it once was in this country or still is in certain Asiatic and African areas, but that it can be imported into this country and give rise to much alarm and serious illness is well known. Each year with the greater ease and speed of air travel this aspect of the problem becomes more and more real.

### IMMUNISATION AGAINST DIPHTHERIA -

Each year since 1941, when immunisation was introduced on a large scale, the incidence of diphtheria has decreased and this is illustrated by the following figures.

## INCIDENCE AND MORTALITY OF DIPHTHERIA - YEARS 1938 TO 1956

<u>Year</u>	<u>Cases Notified</u>	<u>Cases Confirmed</u>	<u>Deaths</u>
1938	435	-	23
1939	331	-	21
1940	662	-	38
1941	447	-	21
1942	276	-	6
1943	198	-	3
1944	147	-	1
1945	139	-	2
1946	116	-	2
1947	74	32	1
1948	78	15	-
1949	37	4	-
1950	22	1	-
1951	15	5	-
1952	20	3	1
1953	22	2	-
1954	9	-	-
1955	7	-	-
1956	2	-	-

The trend in the incidence of this disease since 1941, when immunisation was started on a large scale, needs little comment. Suffice it to say that there have been no deaths among immunised children since the inception of the Scheme and the thirty seven deaths which have occurred have all been children who were not adequately immunised.

This is the third calendar year when no cases of diphtheria have occurred within the Burgh and our total period of freedom from the disease now extends to three and a half years, the last case having been confirmed in June, 1953. Although it has never been held that diphtheria immunisation will guarantee complete freedom from the disease, it has been substantiated that it gives greater protection from the severer forms of the disease and the disabilities and deaths resulting therefrom.

It is imperative therefore that every opportunity is taken to have this valuable procedure carried out on all children, for as long as an appreciable number of children remain unimmunised deaths will occur among them, and, what is just as important, disablement will result from attacks of the disease which, while severe, do not result in death.

The overall figure for children (15 years and under) immunised within the Burgh remains high at 75%. The figure for school children is very satisfactory at 95%. The number of pre-school children immunised showed a very slight improvement during 1956 at 53%. As this is a vulnerable group of children it is hoped that this will continue to improve and every effort is being made to ensure that it will. There is no reason except apathy to account for the small number of children who are immunised in the first year of life and I can only reiterate what I have said in



past years and that is to draw attention to the reversal in the position which can easily take place should too few children be immunised and infection become rife.

#### IMMUNISATION AGAINST WHOOPING COUGH

During 1956 the Town Council continued to make Pertussis Vaccine available at Child Welfare Clinics and during the year the numbers given the prophylactic were as follows:-

Pertussis Vaccine alone	2
Combined Pertussis and Diphtheria Prophylactic	1,058
Diphtheria and Pertussis Boosting Immunisations	80
Diphtheria Vaccine alone	816
Diphtheria Boosting Immunisations	2,797

Details of vaccinations and immunisations carried out during 1956 are contained in Tables 21, 22 and 23 of the Statistical Appendix.

#### VACCINATION AGAINST POLIOMYELITIS

In January 1956 the Local Health Authority agreed to co-operate with the Department of Health for Scotland in their scheme for the vaccination of children against Poliomyelitis and proceeded to register children whose parents wished them to be vaccinated. It was estimated that some 13,000 children came into the group to whom the scheme would apply in its first stages, i.e., children born in the years 1947 to 1954 inclusive, and in fact 5,079 children were registered before the closing date which was fixed for 31st March, 1956.

The following are the details of vaccination carried out during 1956 in the face of limited supplies and with a break from June until November.

Number given complete course of two injections before 30th June 1956	458
Number given one injection before 30th June 1956	35
Number given completed course before end of year but after 30th June 1956	30
Number given one injection before end of year but after 30th June 1956	Nil.

### PREVENTION OF ILLNESS, CARE AND AFTER CARE

During 1956 the Town Council continued to confine their work in the main under Section 27 of the National Health Service (Scotland) Act 1947 to the care of persons suffering from Tuberculosis and to certain preventive measures aimed against this disease.

Substantial help has been given to persons suffering from Tuberculosis by providing beds and bedding and by granting a supply of milk when it has been certified by the Tuberculosis Physician that it is necessary in the proper treatment of the case. During the year forty four cases were granted bed and bedding and 197 received milk supplies.

As it is within this section of the Act that the Town Council undertake their share of the care of those suffering from Tuberculosis it is right that the trends of the disease and the measures taken to combat it should now be reviewed.

The following table illustrates the trends in the incidence of and the mortality from the disease during the war years and the post-war years to 31st December, 1956.

Year	Notifications			Deaths			
	Number of Cases		New Cases of Respiratory Disease per 1 000 population	Number of Deaths		Rate per 1 000 population	
	Respiratory	Non-Respiratory		Respiratory	Non-Respiratory	Respiratory deaths	Deaths from all forms of Tuberculosis
1938	92	36	1.00	49	10	0.54	0.65
Yearly Average 1939 to 1945 (incl)	134	54	1.50	70	26	0.78	1.08
1946	166	35	1.82	80	12	0.88	1.01
1947	162	41	1.68	97	22	1.01	1.24
1948	174	40	1.80	95	16	0.99	1.15
1949	196	22	2.03	67	8	0.70	0.78
1950	203	20	2.09	67	8	0.69	0.77
1951	194	18	2.06	49	8	0.52	0.61
1952	132	24	1.40	46	3	0.49	0.52
1953	129	17	1.30	30	6	0.31	0.38
1954	119	17	1.20	23	2	0.24	0.26
1955	114	20	1.20	19	1	0.20	0.21
1956	97	10	1.01	29	1	0.30	0.31

In 1956 new cases of Respiratory Tuberculosis notified numbered ninety seven (1.01 per 1,000) as against 114 (1.20 per 1,000) in 1955. The peak year was 1950 with 203 (2.09 per 1,000) new cases notified and the incidence in subsequent years represents a fall of 4.4% in 1951, 34.8% in 1952, 36.4% in 1953, 41.3% in 1954, 43.8% in 1955 and 52.2% in 1956 when compared with the figure for 1950.

The mortality from Respiratory Tuberculosis during 1956 was 0.30 per 1,000 of population and compares with the rate of 0.20 in 1955, which was at the time also a record low death rate from the disease. This figure, which is higher and represents ten more deaths in 1956 than 1955, on analysis shows that these deaths relate to old and long standing cases and not to new cases notified for the first time.

There is no doubt that the trends are heartening, but the incidence is not proceeding at a rate comparable with that for mortality and I would reiterate two facts which must be borne in mind when considering these downward trends so that we do not become complacent or let up on measures against the disease.

The points are:-

1. Although we have experienced a dramatic fall in new cases the number still remains above that for 1938 which at ninety two cases was the lowest on record.
2. With the increase in new cases which there has been during the war and post war years and the decrease in mortality due to improved treatment, the 'reservoir' of known cases of Respiratory Tuberculosis within the Burgh has increased from 326 (3.5 per 1,000) in 1939 to 977 (10.2 per 1,000) in 1956. This is illustrated by the following figures:-

KNOWN CASES WITHIN THE AREA AND ON TUBERCULOSIS REGISTER

	<u>Respiratory Tuberculosis</u>	<u>Non- Respiratory Tuberculosis</u>	<u>Total</u>
At 31st December, 1939	326	255	581
1940	339	217	556
1941	336	196	532
1942	309	180	489
1943	317	187	504
1944	362	203	565
1945	431	192	623
1946	439	221	660
1947	466	186	652
1948	547	212	759
1949	611	184	795
1950	761	161	922
1951	781	88	869
1952	813	109	922
1953	807	111	918
1954	888	120	1,008
1955	964	136	1,100
1956	977	88	1,065

The following are some of the other facts which emerge on reviewing the position of Tuberculosis within the Burgh.

### Treatment

The most disturbing feature at the end of 1950 was the size of the waiting list for in-patient treatment and the length of time many had to wait before admission. At the end of 1950 there were sixty nine persons awaiting admission and forty eight had been waiting more than 6 months. This was not the largest number for at the end of 1951, eighty one persons were awaiting admission, but by 31st December 1952 the waiting list had been reduced to the comparatively low figure of thirty and ten had been waiting more than 6 months. The figure at the end of 1953 was twenty five, and two had been waiting more than 6 months, at the end of 1954, eight with three waiting more than 6 months, at the end of 1955, seventeen with two waiting more than 6 months, and at the end of 1956, one waiting less than 1 month.

### Rehousing of Tuberculous Families

The Town Council have always recognised the value of the proper housing of persons suffering from Tuberculosis, not only in so far as it benefits the patient, but also in preventing the spread of infection to other members of the family and to the community. To exert its maximum effect rehousing of tuberculous families into suitable houses must be carried out at the moment the disease is diagnosed. This is an ideal which has not been possible in the post-war years but great help has been given and the undernoted figures show the progress which has been made, in very difficult times.

#### Waiting List

7th August	1948	...	...	266	
31st December	1950	...	...	224	(176 respiratory)
31st December,	1951	..	.	167	
31st December,	1952	.	...	128	(108 respiratory)
31st December,	1953	.	..	84	
31st December,	1954	.	..	53	
31st December,	1955	.	..	72	
31st December,	1956	.	..	43	

#### Families rehoused

1948	...	50			
1949	.	56	(including 35 of special allocation)		
1950	..	80	( do.	18	do. )
1951	.	110	( do.	22	do. )
1952	.	84			
1953	..	93			
1954	.	88			
1955	.	57			
1956	.	86			



At the moment 25% of houses for letting are allocated to families on the Tuberculosis priority list. It is hoped that this fairly substantial allowance, coupled with a fall in the incidence of the disease, will in time allow the Town Council to be in a position to offer a suitable house to any Tuberculous family who require it immediately the disease is diagnosed. It does not seem that this happy position will be reached in one or two years for although the priority list at 31st December, 1956, was forty three it must be remembered that as well as taking families off the list because they have been rehoused, new families are being added. This is illustrated by a study of the priority list during 1956.

Number of Applicants on list at 31st December 1955	...	72
Number rehoused during 1956	...	86
Number of applications cancelled during 1956	...	14
Number of applications added to the priority list during 1956	...	71
Number of Applicants on priority list at 31st December 1956	...	43

To indicate some of the difficulties which have to be faced in rehousing tuberculous families two memoranda prepared for the Town Council are reprinted below.

'Memorandum on Rehousing of Tuberculous Persons -

The number of cases awaiting rehousing at 31st December 1956 was forty three. This compares with seventy two waiting at the end of 1955. The progress over the years may be judged by stating that the waiting list in 1948 was 266 and in 1950 when notifications were at their highest 224. Of the forty three cases on the list at the end of the year thirty seven were suffering from respiratory tuberculosis and six from non-respiratory tuberculosis.

The requirements of the forty three households were as follows:-

1 or 2 apartment house	9
3 apartment house	14
4 apartment house	15
5 apartment house	5

The method of dealing with tuberculous families for rehousing is as follows:-

1. On notification the need for rehousing is assessed. Some are adequately housed and therefore require no further help in this direction.
2. If rehousing is desirable the next question to be answered is whether it is urgent or not. If urgent, rehousing is demanded and granted.
3. If not urgent, e.g., the patient in hospital or in a non-infectious state, e.g., suffering from non-respiratory tuberculosis, the family is placed on the priority list to be dealt with in turn but constantly

being reviewed in the light of clinical reports on the patient or his contacts.

By this method two lists are maintained and at the end of the year sixteen cases were under active consideration for rehousing and twenty seven cases were on the suspense list. This method is serving a very useful purpose in allowing -

1. Urgent cases to be dealt with immediately.
2. Families to remain within the priority class while the patient is in hospital and in the knowledge that their rehousing will be carried out when the patient is fit for discharge.
3. Constant review of the suspense list and the assurance that the discovery of any factor, medical or social, warranting it, will result in immediate rehousing.

It is true to say that the Town Council, by their generous attitude towards the rehousing of tuberculous families, and the Burgh Factor and his staff, by their close co-operation with this Department, have broken down the grave problem which faced us not so many years ago. By their recent decision to approach the Secretary of State for Scotland to amend their administrative scheme under Section 27 of the National Health Service (Scotland) Act, 1947, so that they can provide furniture and furnishings to tuberculous families, the Council have further sought to improve the position of those persons who have to face serious financial commitments when their income is already low due to the disease. Once this administrative point has been decided and when it is taken in conjunction with the Scheme already operating to provide household essentials on repayment through the Burgh Factor's Department there will be removed one of the great factors which has, from time to time weighed against the allocation or acceptance of a new house.

There is one point however which remains and that is the ability of the family to continue to meet the financial commitments of a new house with increased rent and perhaps travelling costs, and at the same time provide adequate food and clothing for the family. This is a matter which really rests with the National bodies which already give extra allowance to tuberculous persons and their families but so often we, in this Department, have felt that a Tuberculosis Welfare Fund, out of which we could make grants in cases of urgency, would be a great help to many.<sup>2</sup>

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<sup>2</sup>*Memorandum on the Welfare of Persons suffering from Tuberculosis and their Families*

Since Tuberculosis is an illness which can persist for such a long time, the needs of the sufferer and his family can be innumerable. A lot can happen in six, twelve, eighteen months and more; all sorts of problems can arise.



At the moment there are many agencies which can help these people and if we consider our own Burgh we find the following operating and acting, singly or collectively, depending upon the needs of the case and the family and the stage which has been reached in the illness.

1. The General Medical Practitioner Service -

These are concerned with the medical care of the patient.

2. The Hospital and Specialist Service -

These are concerned with the medical care of the patient.

3. The Local Health Authority Service -

In the main this is a preventive service caring for the patient, the family and the community. From the health point of view advice is given, apart from general health education, by a Tuberculosis Health Visitor in the home, by a Departmental Medical Officer at the Contact Clinic, and there is also the comprehensive scheme of B.C.G. Vaccination covering contacts, infants and school-leavers.

The amount of direct medical care by the Local Health Authority is limited but in certain cases aid is given through the Home Nursing and Domestic Help Services.

On the social, or welfare, side there is substantial help through the provision of basic necessities such as, a suitable home, bed, bedding and nourishment, in the form of milk, for the case, and furniture and furnishings for the family either free (and this is being negotiated with the Department of Health for Scotland at present) or by long term repayment through the Factor's Department. The Local Health Authority is not allowed to make direct money grants to such persons in implementing their work under Section 27 of the National Health Service (Scotland) Act, 1947.

4. The Ministry of Pensions and National Insurance -

Through this agency weekly sickness benefits are given to the case and dependents provided certain contributory conditions are satisfied.

5. The National Assistance Board -

The Board supplements income up to certain maxima and these are special and increased for cases of Respiratory Tuberculosis. Non-respiratory cases are supplemented on the ordinary scale.

These scales are -

Allowance per week

	<u>Ordinary</u>	<u>Respiratory Tuberculosis</u>	
Married Couple	67/-	87/- 101/-	if one tuberculous if both tuberculous
Single person living alone	40/-	87/-	
Others 21 years and over	36/-	60/-	
18 years and over but under 21	29/-	46/-	
16 years and over but under 18	23/6	37/6	
11 years and over but under 16	18/-	18/-	
5 years and over but under 11	15/6	15/6	
Under 5 years	13/-	13/6	

For example -

Husband, wife, 2 children aged 4 and 7 -

<u>Ordinary</u>		<u>If Husband Tuberculous</u>
67/-		87/-
13/-		13/-
15/6		15/6
<u>95/6</u>	Supplementation ← up to →	<u>115/6</u>

To these basic allowances are added an allowance (a) for rent (up to full cost); (b) for any hire purchase commitments entered before application, and (c) for clothing from time to time.

#### 6. Voluntary Organisations and Funds

Help has been rendered in real emergencies from time to time by such organisations as the W.V.S. (clothing) and British Red Cross (comforts) and also from certain Funds administered by the Executive Officer of the Social Service Department, but this is very limited.

The above will indicate in some way what is already being done for the tuberculous patient and his family, but although they are many they have their limitation. However, human need knows no limits and we have found that sooner or later, some pressing problem does arise which no existing official department or

voluntary society can solve. Very often too the help is needed urgently and the time required to obtain it officially would be too long.

Such experience clearly indicates the need for some Fund, call it what you may, which can disburse money, obviously judiciously, but certainly quickly. To build up such a Fund there might require to be created a Care Committee, composed of Local Health Authority representatives and other interested persons from Women's Guilds, Trade Unions, Employers organisations and patients. No doubt the Local Health Authority could make an initial grant to this Committee under Section 27(3) of the National Health Service (Scotland) Act 1947 and the Committee could add to this by appeals, etc. Perhaps too such a Committee could in time widen its scope to include other illnesses.

Apart from the material help which could be given there is also the added value of forming a Centre for the dissemination of information about Tuberculosis and a nucleus of interest for any future anti-tuberculosis drive, e.g. Mass Radiography Campaigns.

The points put in these papers are now under active consideration.

#### B.C.G. Vaccination -

Up until the beginning of 1952 B C G. Vaccination had been applied to Nurses and Contacts only. During 1952 the Town Council's scheme for the vaccination with B C G. of children approaching school leaving age was put into operation and in 1956 this was continued.

The statistics appertaining to the children tested and vaccinated in 1956 are:-

#### B C.G. Vaccination during 1956

Number tested	336
Number of positive reactors to Mantoux Test	99
Number of negative reactors to Mantoux Test	237
Number vaccinated with B.C.G.	573

Further statistics related to Tuberculosis and B C G Vaccination for the year 1956 are contained in Tables 5, 6, 7, 8 and 24 of the Statistical Appendix.

#### CHIROPODY -

The following proposal by the Local Health Authority to amend their Scheme under Section 27 of the National Health Service (Scotland) Act 1947 was approved by the Secretary of State for Scotland on 14th April, 1955 -

'It is proposed to operate a Scheme for the provision of a Chiropody Service as follows:-

- (a) The services of a Chiropodist will be available in the first instance only to persons of pensionable age who are not engaged in remunerative work, and who are certified by a medical practitioner to be in need of treatment otherwise than by reason of a pathological condition;
- (b) A Chiropodist will be appointed to the staff of the Public Health Department with the grading of 'Senior Chiropodist' and additional Chiropodists will be appointed as the need arises.
- and (c) Suitable premises will be obtained for the establishment of a clinic and equipment and dressings will be furnished'.

The Chiropody Clinic was opened in the Town Hall on 6th September, 1955, with one Chiropodist, and during 1956 the number was increased to three. The following patients were examined and treated in the first full year of the Service.

	<u>Clinic</u>		<u>Domiciliary</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
First Visits	151	394	15	65
Return Visits	<u>1,296</u>	<u>3,385</u>	<u>59</u>	<u>249</u>
Number of Treatments	<u>1,447</u>	<u>3,779</u>	<u>74</u>	<u>314</u>
Total Treatments	... <u>5,614</u>			

The Senior Chiropodist reports generally on the Service as follows:-

The Clinic has had a very successful year and continued to make progress, there being an increasing number of new patients each week. During the year, twenty eight deaths were reported to us, a low figure considering the age group with which we are dealing. There is a high incidence of circulatory disturbance and quite a few complain of intermittent claudication and are referred to their General Practitioner. The average attendance is now every eight or ten weeks, and is governed by the intake of new patients.

A domiciliary service commenced in January and one visiting day per week was devoted to this branch of the work. However, owing to an increase in the number requiring this service, it has been found necessary to extend the visiting to two days per week, and it may be necessary to add an additional day in the future, should circumstances permit. Several of the domiciliary patients are able to visit the Clinic after they have received a few treatments, and it is obvious that they have been homebound solely by reason of foot trouble. A few stated that they had been confined to their homes for periods ranging from a few months to a few years and

they are delighted to find that they have become mobile again. There are some patients who should be receiving domiciliary treatment, but they refuse to admit defeat, and continue to struggle along to the Clinic, often from remote parts of the Town. It might be possible to establish Branch Clinics in Glenburn and Foxbar at some future date, and thus reduce the domiciliary visits. It is proposed to include the residents of Stanely House in the domiciliary scheme when the House is opened.

Friday is reserved for work of a specialist nature, and new methods of treatment are tried. All the septic conditions are treated on this day, plaster casts are taken, ulcerations are dressed, Medical Practitioners are consulted, and patients, who require weekly treatment other than routine, attend.

The Clinic is held in great esteem by the patients and is becoming known outside the Burgh. It was visited by the Press some time ago, and an article appeared in one of the local papers. I would like every old age pensioner in the town to obtain an attendance card whether they require treatment or not, so that they are under the observation of the Clinic should they develop foot trouble. There is still too much 'self treatment' amongst old people, and the danger of this cannot be over estimated.

Thursday is for new patients only, and is one of the most interesting days of the clinical week, as new conditions are encountered and fresh problems arise. One of the finest aspects of the service has been the provision of surgical footwear for patients with gross deformity. They are referred to their General Practitioner, who in turn refers them to the Orthopaedic Consultant at the Infirmary. The patients have their choice of manufacturer, and there are four Firms to whom they can go. This footwear is provided free of charge in most cases under the National Health Scheme, but a few have to pay a proportion of the cost according to their income. For patients with gross deformity, who are too old for surgical treatment, it is the only solution as constant application of felt padding is undesirable and a great many of the lesser lesions tend to disappear with a shoe that is made to fit the foot'.



## MENTAL HEALTH

The provision of training and occupation for mental defectives under Section 51 of the National Health Service (Scotland) Act 1947 has been delegated to the Voluntary Association for Mental Welfare (Paisley and District). The Association maintains two Occupation Centres, one for males and one for females and during 1956 the average attendance was nineteen males and twelve females. Two instructors and one instructress were employed at these centres during the year and in addition one visitor/instructress was employed for the home bound cases who numbered forty seven (twenty males and twenty seven females). A new centre for males was opened at Monkshaw, Renfrew Road, in 1956.

For the purposes of Section 27 of the Act the Local Health Authority co-operate with the Association in the After-care of Mental Defectives.

During 1956, 112 cases (thirty eight males and seventy four females) of mental illness were admitted to hospital, thirty seven (seventeen males and twenty females) of whom were certified.

Also during the year seven cases (4 males and three females) of mental deficiency were certified, and six cases (three males and three females) were admitted to an Institution.

It was not necessary to re-certify any defectives attaining the age of 16 years. One male was placed under guardianship.

During the year there continued to be difficulty in getting certified mental defectives admitted to suitable Institutions. The waiting list at the end of the year numbered ten (eight males and two females) and the average waiting period of these cases was 21 months.

Further analysis shows that these cases have been waiting:-

5 years 7 months	...	...	1 case
4 years 1 month	..	...	1 case
2 - 3 years	...	...	4 cases (including the 2 females)
Under 1 year	...	...	4 cases

### WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948

The Nurseries and Child Minders' Regulation Act 1948 came into operation on 30th July 1948. This Act empowers Local Health Authorities to supervise (i) Nurseries where children up to school age are looked after for a day or for longer periods not exceeding six days and (ii) persons, who for reward, undertake the care of children under the age of 5 years for similar periods.

At the end of 1956 no applications for registration had been made to the Town Council.

### WORK UNDER THE NURSING HOMES REGISTRATION (SCOTLAND) ACT 1938

There is one Nursing Home registered within the Burgh. Regular visits have been paid and everything has been in order.

### SCHOOL HEALTH SERVICE

On 16th March 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1956, the agreed arrangements continued to operate satisfactorily and Table 25 of the Statistical Appendix contains some facts on the work carried out during the school session 1955-56 within the Burgh of Paisley.

### WORK UNDER THE NATIONAL ASSISTANCE ACT

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Speirfield House was opened as an Old People's Home and the statistics for 1956 were:-

Admitted		Discharged		Transferred to Hospital		Died		On leave		Left of own accord	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
4	9	4	12	-	5	-	-	4	6	-	1

Apart from those resident in Speirfield House, other old people were cared for in such places as -

Residential Accommodation, Royal Alexandra Infirmary Annexe, Craw Road;  
Gleniffer Home;  
Flanders House; and  
With Other Local Authorities

During 1954 Stanely House, which is a pleasantly situated house at Stanely Reservoir, was acquired by the Social Service Committee as an Old Folks Home. There will be accommodation for twenty six persons, and it is hoped to open it early in 1957.

In addition to the aged and infirm the Town Council are responsible in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; The Epileptic Colony, Bridge of Weir; Cairnhill Home, Airdrie; and in various other Local Authority Institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures -

Number of Registered Blind Persons	170
Number of Deaf and Dumb Persons	60
Number of Physically Handicapped Persons (i.e. Cripples)	110

Under Section 47 of the National Assistance Act 1948 power is given to local authorities to remove to suitable premises for care and attention any persons 'who are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in insanitary conditions and are unable to devote to themselves and are not receiving from other persons, proper care and attention'. Although several old people in such circumstances were reported to the Medical Officer of Health during the year it was necessary to invoke the Act in only one case as all other cases were dealt with by persuasion and material help from the

Sanitary, Welfare and Public Health Departments and accepted care and attention voluntarily.

Another provision of the National Assistance Act is the power it gives to local authorities to care for and protect the property of persons admitted to hospitals or other institutions. During 1956, five cases were dealt with.

Twenty burials of persons who had no relatives willing and able to bury them were carried out during the year.

HEALTH EDUCATION

During 1956 in order to supplement the basic work in health education carried out by each member of the Health Department in his or her day-to-day work, talks and film shows were given to small groups of selected audiences.

In addition leaflets have been distributed at Clinics and on the 'districts' and posters exhibited. The new clinic, which has been opened at 20 Barscube Terrace is a converted shop, has an ideal window for health features on specific subjects and the health visitors working there have been enthusiastic and produced many excellent displays.

In this field of Health Education the ever ready help of the Scottish Council for Health Education must be acknowledged.



## STATISTICAL APPENDIX

TABLE No. 1

VITAL STATISTICS

						1955	1956
POPULATION AND AREA -							
Population, estimated at 30th June . . . . .						95,000	95,524
Area of Burgh in Acres . . . . .						6,369	6,369
Density of Population per Acre . . . . .						14.9	14.9
BIRTHS -							
Total Live Births (including illegitimate Births)						1,775	1,863
				Males . . .		886	945
				Females . . .		889	918
Birth Rate per 1,000 of population . . . . .				Paisley . . .		18.7	19.5
				Scotland . . .		18.0	18.5
				Large Burghs		18.0	19.8
Total Illegitimate Births . . . . .						75	70
Illegitimate Birth Rate per 100 live births . . . . .				Paisley . . .		4.2	3.8
				Scotland . . .		4.3	4.3
				Large Burghs		4.9	3.7
Total Still Births . . . . .						54	54
Still Birth Rate per 1,000 all births . . . . .				Paisley . . .		30	28
				Scotland . . .		25	24
				Large Burghs		25	24
DEATHS -							
Total Deaths - All Causes . . . . .						1,090	1,160
Death Rate per 1,000 of population . . . . .				Paisley . . .		11.5	12.1
				Scotland . . .		12.0	12.0
				Large Burghs		12.4	11.5
Total deaths from Tuberculosis - All forms . . . . .						20	30
Tuberculosis Death Rate (All forms) per 1,000 ..				Paisley . . .		0.21	0.31
				Scotland . . .		0.19	0.16
				Large Burghs		0.23	0.18
Total deaths from Respiratory Tuberculosis . . . . .						19	29
Respiratory Tuberculosis Death Rate per 1,000 ..				Paisley . . .		0.20	0.30
				Scotland . . .		0.17	0.14
				Large Burghs		0.21	0.17
Total deaths from *Epidemic Diseases . . . . .						1	1
Epidemic Diseases Death Rate per 1,000 ..				Paisley . . .		0.01	0.01
				Scotland . . .		0.05	0.06
				Large Burghs		0.05	0.06
Total Infant Deaths . . . . .						67	59
Infant Mortality Rate per 1,000 live births . . . . .				Paisley . . .		38	32
				Scotland . . .		30	29
				Large Burghs		33	30
Total Neonatal Deaths . . . . .						42	45
Neonatal Death Rate per 1,000 live births . . . . .				Paisley . . .		24	24
				Scotland . . .		20	19
Total Maternal Deaths . . . . .						1	2
Maternal Death Rate per 1,000 all births . . . . .				Paisley . . .		0.56	1.04
				Scotland . . .		0.50	0.50

\*Typhoid fever; Cerebro-spinal fever; Scarlet fever; Whooping Cough; Diphtheria; Influenza and Measles.

TABLE No. 2

ANALYSIS OF DEATHS 1956

	Actual Deaths	Percentage of Total Deaths
<i>SYSTEMIC DISEASES -</i>	<i>1,079</i>	<i>93.0</i>
Heart Disease	365	
Cerebral Haemorrhage and Thrombosis	191	
Other Circulatory Diseases	67	
Malignant Disease	220	
Tumour (non-malignant)	3	
Pneumonia	29	
Bronchitis	41	
Other Respiratory Diseases (excluding Tuberculosis)	8	
Diseases of the Nervous System	9	
Diabetes Mellitus	6	
Gastric and Duodenal Ulcer	14	
Appendicitis	4	
Diseases of the Liver	8	
Other Diseases of the Digestive System	10	
Nephritis	5	
Other Diseases of the Genito-Urinary System	17	
Diseases of the Skin and Locomotor System	10	
Other General Diseases	15	
Acute Rheumatism	1	
Old Age	3	
Suicide	11	
Violence - Road Accidents	8	
- Others	32	
Cause ill-defined	2	
<i>INFECTIOUS AND CONTAGIOUS DISEASES -</i>	<i>33</i>	<i>3.0</i>
Respiratory Tuberculosis	29	
Non-respiratory Tuberculosis	1	
Syphilis and Sequelae	2	
Other Infectious and Parasitic Diseases	1	
<i>DISEASES OF INFANCY OTHER THAN INFECTIOUS -</i>	<i>46</i>	<i>3.9</i>
Congenital Malformation	10	
Birth Injuries and Atelectasis	16	
Pneumonia of the Newborn	6	
Other Diseases	14	
<i>DISEASES ASSOCIATED WITH PREGNANCY -</i>	<i>2</i>	<i>0.1</i>
<b>TOTAL</b>	<b>1,160</b>	

TABLE No. 3

## DEATHS IN THE VARIOUS AGE GROUPS

	Actual Deaths	Percentages of all Deaths
Under 4 weeks	45	3.9
4 weeks upwards	14	1.3
1 year do.	4	0.3
5 years do.	3	0.2
10 years do.	2	0.1
15 years do.	9	0.8
25 years do.	23	1.9
35 years do.	31	2.7
45 years do.	98	8.5
55 years do.	207	17.9
65 years do.	298	25.7
75 years do.	324	27.9
85 years do.	102	8.8
TOTAL	1,160	

TABLE No. 4

## INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES

	Under 1 year	1 4 Yrs	5 14 Yrs	15 24 Yrs	25 34 Yrs	35 44 Yrs	45 64 Yrs	65 Yrs and over	Total	Cases removed to Hospital
<b>NOTIFIABLE</b>										
Cerebro-spinal fever	1	1							2	2
Cholera										
Continued fever										
Diphtheria										
Dysentery	8	39	18	3	4	6	3	2	83	45
Encephalitis Lethargica										
Erysipelas						1	3	2	6	2
Jaundice, Acute Infective										
Leprosy										
Malaria										
Ophthalmia Neonatorum	19								19	
Plague										
Pneumonia, Acute Influenzal										
Pneumonia, Acute Primary	35	40	28	19	16	23	52	45	258	242
Polio-myelitis										
Puerperal Fever										
Puerperal Pyrexia				1					1	1
Scarlet Fever	1	34	104	6	3	1			149	118
Smallpox										
Tuberculosis, Respiratory	1	8	6	20	21	15	19	7	97	80
Tuberculosis, Non-respiratory	1	1		4	2	1	1		10	10
Typhoid Fever				3			1		4	4
Paratyphoid A										
Paratyphoid B	1		2						3	3
Typhus										
Whooping Cough	19	61	86						166	6
Gastro-Enteritis	27	3			1			2	33	33
<b>NON-NOTIFIABLE</b>										
Chickenpox	4	34	267						305	9
Measles	5	25	105						135	6
Mumps		1	29						30	
Pneumonia (other than above)		1							1	1
Rubella		1	10	1					12	2
TOTAL	122	249	655	57	47	47	79	58	1,314	564

TABLE No. 5

## TUBERCULOSIS - NOTIFICATIONS BY AGE AND SEX

		Under 1 year	1 ~ 4 years	5 ~ 14 years	15 ~ 24 years	25 ~ 34 years	35 ~ 44 years	45 ~ 64 years	65 years and over	Total
Respiratory	Males	1	6	1	11	7	6	17	5	54
	Females	-	2	5	9	14	9	2	2	43
	Total	1	8	6	20	21	15	19	7	97
Non- Respiratory	Males	1	1	-	1	-	-	-	-	3
	Females	-	-	-	3	2	1	1	-	7
	Total	1	1	-	4	2	1	1	-	10
RESPIRATORY AND NON- RESPIRATORY	Males	2	7	1	12	7	6	17	5	57
	Females	-	2	5	12	16	10	3	2	50
	Total	2	9	6	24	23	16	20	7	107

TABLE No. 6

## TUBERCULOSIS

Age and Sex Distribution of all known Cases within the Burgh at 31st December 1956

		Cases in Age Groups								Total
		Under 1 year	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 64 years	65 years and over	
Respiratory	Males	1	15	14	85	124	101	122	20	482
	Females	-	12	25	108	200	114	34	2	495
Non- Respiratory	Males	-	6	14	8	12	4	1	1	46
	Females	-	1	8	10	10	6	6	1	42
RESPIRATORY AND NON- RESPIRATORY							Males	...	...	528
							Females	...	...	537
										1,065



TABLE No. 7

TUBERCULOSIS

Number of Persons who died from Tuberculosis within the Burgh during 1956  
with particulars of period elapsing between notification and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not Notified or notified only at death ...	-	1	-	1
Notified less than 1 month before death ...	1	1	-	-
Notified from 1 - 3 months before death ...	-	-	-	-
Notified from 3 - 6 months before death ...	-	-	-	-
Notified from 6 - 12 months before death ...	3	-	-	-
Notified from 1 - 2 years before death ...	2	1	-	-
Notified over 2 years before death ...	12	8	-	-
<i>TOTAL</i> ...	<i>18</i>	<i>11</i>	<i>-</i>	<i>1</i>

TABLE No. 8

TUBERCULOSIS

Number of Cases of Respiratory Tuberculosis which received treatment  
in Sanatoria during the year 1956

		Number of Patients				
		In Sanatoria on 1st January 1956	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31st December 1956
Under 15 years	Males	2	9	5	-	6
	Females	2	6	6	-	2
15-45 years	Males	78	61	102	6	31
	Females	65	116	125	5	51
45 years and over	Males	31	39	43	4	23
	Females	8	8	10	1	5
	Males	111	109	150	10	60
	Females	75	130	141	6	58
	<i>TOTAL</i>	<i>186</i>	<i>239</i>	<i>291</i>	<i>16</i>	<i>118</i>

TABLE No. 9

VENEREAL DISEASESCases treated at Special Treatment Centre

	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infection		Conditions other than V.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 1 year	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 years	-	-	-	-	-	-	-	-	-	-	-	-
5 - 14 years	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24 years	-	1	11	2	-	-	6	2	4	-	21	5
25 - 34 years	-	-	9	2	-	-	7	1	12	-	28	3
35 and over	4	-	6	2	-	-	10	-	9	2	29	4
Total New Cases ...	4	1	26	6	-	-	23	3	25	2	78	12

TABLE No. 10

MATERNAL AND CHILD WELFARE SERVICE - ANTE-NATAL CONSULTATIONS

	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Blackland Clinic	Barscube Clinic	Total
Number of Expectant Mothers attending	913	155	106	71	63	1,308
Made up - New Cases ...	690	118	80	58	48	994
Re-attending	223	37	26	13	15	314
Total Number of Attendances	4,969	762	501	409	342	6,983
Number of cases referred to Ante-natal Wards of Hospitals ...	19	8	7	1	5	40
Number of cases treated at Clinic ...	894	147	99	70	58	1,268
Source of New Cases:-						
General Medical Practitioner ...	509	46	38	34	26	653
Midwife	4	-	-	-	-	4
Health Visitor ..	1	26	1	-	-	28
Own Accord ...	176	46	41	24	22	309

TABLE No. 11

MATERNAL AND CHILD WELFARE SERVICE - POST-NATAL CONSULTATIONS

Total Number of Cases attending ..	356
Total Attendances . . . . .	648

TABLE No. 12MATERNAL AND CHILD WELFARE SERVICE -- CHILD WELFARE CONSULTATIONS

	Number of children attending the clinics during year and who on the date of their first attendance this year were -		Total Number of attendances made during year by children who at the time of attendance were -	
	Under 1 year of age	Over 1 year of age	Under 1 year of age	Over 1 year of age
Local Health Authority Clinics	1,528	1,107	8 610	4 146

TABLE No. 13

MATERNAL AND CHILD WELFARE SERVICE - SPECIAL CLINICS

<i>ARTIFICIAL SUNLIGHT CLINIC -</i>						
Total Number of Cases Attending	...	..	...	...	...	128
New Cases from - Child Welfare Clinics	...	..	...	...	...	56
School Health Service	...	...	...	...	...	38
Chest Clinic	...	...	...	...	...	-
Cases re-attending from - Child Welfare Clinics	...	...	...	...	...	20
School Health Service	...	...	...	...	...	14
Chest Clinic	...	...	...	...	...	-
Total Number of Attendances:-						
Made up:-						
Child Welfare Clinics	...	...	...	...	...	1,189
School Health Service	...	...	...	...	...	595
Chest Clinic	...	...	...	...	...	-
<i>DENTAL CLINIC -</i>						
Number inspected by Dental officer during year	...	...	...	...	...	354
Made up:-						
(a) Expectant Mothers	...	...	...	...	...	82
(b) Nursing Mothers	...	...	...	...	...	261
(c) Pre-school children	...	...	...	...	...	11
Number found to require treatment (a) Expectant Mothers	...	...	...	...	...	82
(b) Nursing Mothers	...	...	...	...	...	261
(c) Pre-school children	...	...	...	...	...	11
Number accepting treatment (a) Expectant Mothers	...	...	...	...	...	82
(b) Nursing Mothers	...	...	...	...	...	261
(c) Pre-school children	...	...	...	...	...	11
Number treated by Dental Officer during year (a) Expectant Mothers	...	...	...	...	...	22
(b) Nursing Mothers	...	...	...	...	...	8
(c) Pre-school children	...	...	...	...	...	11
Number referred to G.P. Dentists during year						
(a) Expectant Mothers	...	...	...	...	...	60
(b) Nursing Mothers	...	...	...	...	...	253
(c) Pre-school children	...	...	...	...	...	-
Number of extractions by Dental Officer - Mothers	...	...	...	...	...	27
Children	...	...	...	...	...	7
Number of conservations by Dental Officer - Mothers	...	...	...	...	...	26
Children	...	...	...	...	...	3
Number of dressings by Dental Officer - Mothers	...	...	...	...	...	34
Children	...	...	...	...	...	25
Number of dentures supplied during year -						
Ante-natal	...	...	...	...	...	60
Post-natal	...	...	...	...	...	253



TABLE No. 14

DAY NURSERIES

	No. of approved places		No. of Children on Register at end of year		Average Daily Attendances	
	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years
Castle Street Day Nursery ...	15	45	15	50	15	44
Douglas Street Day Nursery ...	20	30	20	35	18	30
Hugh Smiley Day Nursery ...	20	30	20	30	16	28
<i>TOTAL</i> ...	55	105	55	115	49	102

TABLE No. 15

CHAPEL HOUSE RESIDENTIAL NURSERY

Number of beds provided		Children Admitted	Children Discharged	Average Daily Residents
0 - 2 years	2 - 5 years			
10	10	55	57	18.7

TABLE No. 16

BIRTHS

Total Number of Births including Still-births occurring in the Area before correction for Residence ...	2,046
Number of Births in Maternity Hospital ...	1,108
Number of Births in General or Mental Hospital ...	-
Number of Births in Private Nursing Homes ...	191
Number of Births occurring at Home ...	747
Number of Still-births in Total ...	47
Cases dealt with under Section 23(2) National Health Service (Scotland) Act, 1947 ...	740
Made up:- Doctor engaged and present at confinement ...	67
Doctor engaged and not present at confinement ...	669
Midwife (alone) (no doctor engaged) ...	4
Other Domiciliary Cases -	
Made up:- Doctor and midwife engaged ...	5
Midwife alone (no doctor engaged) ...	-
Without doctor or midwife ...	-
Born en route to hospital ...	2

TABLE No. 17

DOMICILIARY MIDWIFERY SERVICE

Total Number of Cases attended on District ...	873
Total Number of Cases booked on District ...	893
Total Number of Cases delivered on District ...	739
Total Number of emergency cases (not booked) ..	4
Total Number of abortions on District ...	-
Total Number of abortions admitted to Hospital ...	7
Number of Cases delivered by Midwife only ...	669
Number of Cases delivered by Midwife and Doctor ...	3
Number of Cases requiring medical aid ...	63
Number of Emergency Cases delivered by Midwife ...	3
Number of Emergency Cases delivered by Doctor ...	1
Conditions requiring Medical Aid:-	
Delayed labour (forceps delivery) ..	14
Delayed labour (normal delivery) ...	13
Retained Placentae ...	9
Retained Placentae (Admitted to Hospital) ..	2
Post Partum Haemorrhage ...	6
Asphyxia Pallida ...	9
Asphyxia Livida ...	1
Twin pregnancies (delayed labour) ..	4
Breech presentations ...	2
Obstetric shock (slight) ...	2
Antepartum haemorrhage ...	1
Number of Cases cancelled from Maternity Service during ante-natal period	14
Reasons:- Cases transferring to Nursing Homes ...	4
Pseudocyesis ...	2
Domestic reasons ..	8
Number of Cases transferred to Other Authorities ...	7
Total Number of Cases admitted to Maternity Hospitals ...	106
Delayed labour ...	24
Premature labour ...	9
Pre-eclamptic toxæmia ...	16
Ante-partum haemorrhage ...	14
Hydramnios ...	2
Post Maturity ...	4
Primigravida breech presentation ...	2
Breech presentation ...	4
Malpresentation ...	3
Foetal Distress ...	11
Intra uterine death ..	2
Twin pregnancy ...	1
Retained placenta ...	1
Medical reasons ...	10
Disproportion ...	3
Of the above 106 cases admitted to Maternity Hospitals 46 cases were dismissed early in the puerperium for District nursing.	
Total Number of Natal visits paid (1st 14 days of the puerperium) .	12,017
Total Number of Ante-natal visits paid ...	12,848
Domiciliary visits ..	8,585
Doctors visits ...	4,191
Clinic visits ...	72

# DOMICILIARY MIDWIFERY SERVICE (continued)

Total Number of Post-natal visits (3rd - 6th week of the puerperium)	000	1,212
Domiciliary visits	599	
Doctors visits	592	
Clinic visits	21	
Total Number of Infants born	747	
Number of Infants born alive	739	
Number of Still-births	8	
Number of Twins born	8	
Causes of Still-births -		
Intra uterine death of foetus	4	
Breech delivery by Doctor	1	
Forceps Delivery asphyxia	1	
Asphyxia Neonatorum	2	
Total Number of Neonatal Deaths	2	
Causes of Neonatal Deaths -		
Atelectasis	2	
Number of Infants transferred to Hospitals (Twins premature)	5	
Maternal Deaths	1	
Cause:- Intra-partum Haemorrhage and Obstetric Shock		
Maternal Morbidity Rate -		
1 in 739 deliveries	0.13%	
Still-birth Rate -		
8 in 739 deliveries	1.08%	
Neonatal Death Rate -		
2 deaths in 739 live births	0.27%	
Number of Patients in labour to whom Gas and Air Analgesia was given	598	
Number of Patients in labour to whom Pethidine was given	506	
Supervisory visits	2,806	

TABLE No. 18HEALTH VISITING

	First Visits	Total Visits
Expectant Mothers . . . . .	273	632
Children under 1 year of age . . . . .	3,020	14,980
Children between age 1 - 5 years . . . . .	4,202	13,633
Tuberculosis cases . . . . .	674	1,812
Other cases (mainly Infectious Diseases) . . . . .	981	987
<i>TOTAL</i> . . . . .	<i>9,150</i>	<i>32,044</i>

TABLE No. 19HOME NURSING SERVICE

Number of Patients			Number of Visits			Age		Termination of Case			
Male	Female	Total	Male	Female	Total	- 65 years	65 and over	Conval- escent	Transfer to Hospital	Died	Con- tinued
268	667	935	4,646	23,988	28,634	405	530	496	115	173	151

TABLE No. 20

DOMESTIC HELP SERVICE

	Number of New Cases dealt with				Number of New Cases in which full cost borne by applicant				Average Number of hours per Case per week			
	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged
<i>JANUARY</i>												
Full-time	4	2	1	-	-	1	-	-	43	43	40	-
Part-time	2	3	1	19	2	-	-	2	25	23	18	23
<i>FEBRUARY</i>												
Full-time	3	1	-	2	1	-	-	-	43	23	-	43
Part-time	1	4	-	21	1	2	-	3	23	22	-	24
<i>MARCH</i>												
Full-time	6	1	-	2	1	-	-	1	44	43	-	43
Part-time	1	5	1	13	1	4	-	2	23	22	23	25
<i>APRIL</i>												
Full-time	5	2	-	1	-	-	-	-	43	43	-	43
Part-time	3	4	1	11	1	2	-	1	25	23	28	25
<i>MAY</i>												
Full-time	13	2	-	2	1	1	-	-	44	43	-	42
Part-time	3	4	-	14	1	-	-	4	25	24	-	25
<i>JUNE</i>												
Full-time	12	1	-	2	2	-	-	1	45	40	-	42
Part-time	-	4	-	10	-	1	-	3	-	23	-	23
<i>JULY</i>												
Full-time	9	2	1	2	3	1	-	-	45	43	40	43
Part-time	1	-	-	9	1	-	-	1	25	-	-	24
<i>AUGUST</i>												
Full-time	10	1	-	6	1	1	-	-	43	40	-	43
Part-time	2	1	-	6	1	1	-	4	23	20	-	23
<i>SEPTEMBER</i>												
Full-time	7	1	1	-	-	-	-	-	46	43	40	-
Part-time	2	2	1	5	1	-	-	1	24	25	25	25
<i>OCTOBER</i>												
Full-time	7	3	-	-	-	1	-	-	45	43	-	-
Part-time	4	3	2	13	2	-	-	3	25	24	20	25
<i>NOVEMBER</i>												
Full-time	7	1	-	1	1	2	-	-	44	43	-	43
Part-time	3	4	1	10	-	3	-	2	23	23	28	24
<i>DECEMBER</i>												
Full-time	6	-	-	1	3	-	-	-	45	-	-	43
Part-time	3	2	-	16	2	2	-	3	23	25	-	24



DOMESTIC HELP SERVICE (continued)TOTAL NUMBER OF CASES DEALT WITH

		Maternity	General Illness	Tuberculosis	Aged
JANUARY	Full-time	4	9	1	6
	Part-time	2	6	3	59
FEBRUARY	Full-time	5	6	1	7
	Part-time	1	12	2	69
MARCH	Full-time	9	4	1	8
	Part-time	1	14	1	69
APRIL	Full-time	7	3	1	6
	Part-time	3	13	2	60
MAY	Full-time	15	3	1	5
	Part-time	4	12	1	64
JUNE	Full-time	16	4	1	7
	Part-time	3	9	2	60
JULY	Full-time	11	8	2	5
	Part-time	1	4	2	55
AUGUST	Full-time	14	3	1	9
	Part-time	2	6	1	48
SEPTEMBER	Full-time	10	2	1	9
	Part-time	4	9	2	43
OCTOBER	Full-time	14	3	1	6
	Part-time	6	8	3	54
NOVEMBER	Full-time	8	2	-	7
	Part-time	3	11	4	58
DECEMBER	Full-time	8	1	-	9
	Part-time	4	11	1	60

TABLE No. 21

VACCINATION AGAINST SMALLPOX

	Typical Vaccinia greatest at 7th - 10th day	Accelerated (Vaccinoid) reaction 5th - 7th day	Reaction greatest 2nd - 3rd day	No local reaction	Total
Primary	770	1	1	45	817
Re-vaccination	103	37	81	43	264

TABLE No. 22

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Local Health Authority Clinics and Nurseries	At Schools	By General Medical Practitioners	Total
1941 or earlier	-	-	-	-
1942	-	59	-	59
1943	-	13	-	13
1944	-	-	-	-
1945	-	-	-	-
1946	-	3	-	3
1947	-	27	-	27
1948	-	68	-	68
1949	-	131	2	133
1950	4	273	3	280
1951	8	140	3	151
1952	11	6	15	32
1953	25	-	22	47
1954	57	-	92	149
1955	332	-	433	765
1956	77	-	70	147
TOTAL	514	720	640	1,874

TABLE No. 23

DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1941 or earlier	-	-	1	1
1942	-	-	-	-
1943	-	-	-	-
1944	-	-	1	1
1945	-	3	-	3
1946	-	28	1	29
1947	-	241	8	249
1948	-	452	3	455
1949	1	453	4	458
1950	3	860	49	912
1951	3	611	96	710
1952	1	58	-	59
1953	-	-	-	-
1954	-	-	-	-
1955	-	-	-	-
1956	-	-	-	-
<b>TOTAL</b>	<b>8</b>	<b>2,706</b>	<b>163</b>	<b>2,877</b>

TABLE No. 24

B. C. G. VACCINATION

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	43	-	7	-	7
Medical Students	-	-	-	-	-	-
Contacts	79	87	51	67	59	61
Newborn babies	-	-	-	-	152	188
Others	76	76	55	55	55	55
<b>TOTAL</b>	<b>155</b>	<b>206</b>	<b>106</b>	<b>129</b>	<b>266</b>	<b>311</b>

TABLE No. 25

SCHOOL HEALTH SERVICESCHOOL SESSION 1st AUGUST 1955 to 31st JULY 1956*GENERAL STATISTICS -*

Population of Area (Paisley)	95,524
Number of Primary Schools under Education Authority	22
Number of Secondary Schools under Education Authority	11
Number of Special Schools serving the Area	4
Number of Special classes in Ordinary Schools	-
Number of Children on the Registers	) 18,170
Number of Children in average attendance	

*CLINICAL STATISTICS -*

## Number of Routine Medical Inspections -

Nursery Schools	89
Entrants	1,316
Born : 1946	1,591
1942	1,517
1939	252
1948 (Vision and Hearing only)	1,254

*TOTAL NUMBER OF CHILDREN EXAMINED*

6,019

Number of Re-examinations	37
Number of Non-Routine Examinations	19,262
Number of Home Visits	245
Number attending Medical Officers Clinic	1,165
Number examined for School Camps	734

New Cases	Total Attendances
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## Number of Children treated at Minor Ailment Clinic for

Injuries, Cuts, Bruises etc.	25	93
Diseases of the Ear, Nose and Throat	86	1,082
Diseases of the Eye	72	279
Diseases of the Skin	476	2,347
Other Conditions	103	295

*TOTALS*

762

4,096

